Case 17-29546 Doc 1 Filed 10/03/17 Entered 10/03/17 08:51:00 Desc Main Document Page 1 of \$3

Fill in this information to identify your case:		NORTHERN DISTRICT OF IL	LINOIS
United States Bankruptcy Court for the: Northern District of Illinois		OCT 03 2017	
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11	JEFFREY P. ALLSTEADT INTAKE 3	, CLERK
	☐ Chapter 12 ☐ Chapter 13		Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

ILEH Identity Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name		
Write the name that is on your	JOANN	
identification (for example, your driver's license or	First name	First name
passport).	Middle name	Middle name
Bring your picture	CUNNINGHAM	
identification to your meeting with the trustee.	Last name	Last name
	Suffix (Sr., Jr., ii, iii)	Suffix (Sr., Jr., II, III)
All other names you	A Description of the Control of the	
have used in the last 8 years	First name	First name
Include your married or maiden names.	Middle name	Middle name
	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
	HOOM HE WAS THE WAS TH	ર્જી તિલ્લા કર્મના ભાગમાં મુખ્યાન કરવામાં ભાગમાં ભાગમાં ભાગમાં આવેલા સાથે કર્યા છે. આ માના માના માના માના માના માના માના માના
your Social Security	xxx - xx - <u>6</u> <u>0</u> <u>5</u> <u>4</u>	xxx - xx
	OR	OR
Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx
	Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	Write the name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Widdle name CUNNINGHAM Last name CUNNINGHAM Last name First name Middle name Last name First name First name Middle name Last name First name Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number 9 xx - xx - 6 0 5 4

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Debtor 1	JOANN	CUNNINGHAM	The state of the s	Case number (if known)	
	First Name Middle N	ame Last Name			
Tirok inte diki 4 ya etinyi kirikantusi nika eensia	erica minore contrato estrator estrator estrator de la estrator secunda estrator estrator estrator estrator est	About Debtor 1:	ર્કિટ કરિનેશિંગનિ કાર્યુભ્યમને રાજ્યભાવતી ભેરત કરિ ગાઉજન કરિકારની ઉપલઇન દિવસોની વિનેશિંગ દિવસોની પોતાને એક હત	About Debtor 2 (Spouse C	ng in a Joint Case):
and Emp		☑ I have not used any b	ousiness names or EINs.	☐ I have not used any busi	ness names or EINs.
	ation Numbers I have used in	N/A			
the last 8		Business name		Business name	
Include tra	de names and				
doing busi	ness as names	Business name		Business name	· · · · · · · · · · · · · · · · · · ·
		EIN	——————————————————————————————————————	EIN	
		EIN	****** *******************************	EIN	
5. Where yo	owners research security of the second	killikalaringi kalangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengangan pengan	करनेक्कार्यम् त्रात्मान्त्रकार्यक्षस्य स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना	If Debtor 2 lives at a differe	ent address:
		7111 S PAXTON			
		Number Street		Number Street	
		01110400		MANUTA SECTION AND AND AND AND AND AND AND AND AND AN	· · · · · · · · · · · · · · · · · · ·
		CHICAGO City	IL 60649 State ZIP Code	City	State ZIP Code
		- •	State ZIF Gode	Ony	State ZIP Code
		COOK		County	
				, , , , , , , , , , , , , , , , , , , ,	
		If your mailing address above, fill it in here. Not any notices to you at this		If Debtor 2's mailing addres yours, fill it in here. Note th any notices to this mailing ad	at the court will send
		N/A			
		Number Street		Number Street	
		P.O. Box		P.O. Box	
		City	State ZIP Code	City	State ZIP Code
6. Why you	are choosing	Check one:	Printer and Control of the Control o	Check one:	a_{1} and a_{2} and a_{3} and a_{2} and a_{3} and a_{3} and a_{3} and a_{3} and a_{4} and a_{4}
this distri bankrupto	ict to file for	Over the last 180 days I have lived in this dist other district.	s before filing this petition, trict longer than in any	Over the last 180 days be I have lived in this district other district.	fore filing this petition, longer than in any
		I have another reason (See 28 U.S.C. § 1408		I have another reason. Ex (See 28 U.S.C. § 1408.)	plain.

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De	btor 1	JOANN First Name Middle Na		ININGHAI Last Name	<u>M</u>		Case number (#)	known)
Pa	art 2:	Tell the Court Abo	ut Your E	Sankruptcy	Case			
7.		apter of the	Check o	one. (For a brie	ef description of each,	see Noti	ce Required by 11	1 U.S.C. § 342(b) for Individuals Filing
		aptcy Code you posing to file	τοr Bani ☑ Cha		2010)). Also, go to the	top of p	age 1 and check t	he appropriate box.
	under			•				
				pter 11				
				pter 12				
			u Cha	pter 13				e montre commentario y consequence de la consequencia de la consequencia de la consequencia de la consequencia
8.	How yo	ou will pay the fee	loca your subn with I ne App I red By li	If court for moreself, you may mitting your particle a pre-printer ed to pay the dication for Information aw, a judge re	ore details about hor may pay with cash, cas payment on your bel d address. me fee in installment adividuals to Pay The may, but is not requi	w you reshier's chalf, you ts. If you ou may red to,	nay pay. Typical check, or money ur attorney may u choose this or Fee in Installme request this optwaive your fee, a	eck with the clerk's office in your lily, if you are paying the fee order. If your attorney is pay with a credit card or check official, sign and attach the ents (Official Form 103A), tion only if you are filing for Chapter 7, and may do so only if your income is ar family size and you are unable to
	bankru	ou filed for ptcy within the		pter 7 Filing	stallments). If you ch Fee Waived (Officia	l Form	103B) and file it	
	last 8 y	ears?	— 165.	District	***************************************	vvnen	MM / DD / YYYY	
				District		When	MM / DD / YYYY	Case number
				District		When		Case number
							MM / DD / YYYY	
		bankruptcy	☑ No		19-19-94 D.C. of a Council was an endown communication control			
		ending or being a spouse who is	Yes.	Debtor				Relationship to you
	not filing this case with you, or by a business partner, or by an			District	WIRAMAN AND COLUMN TO THE COLU	_ When	MM / DD / YYYY	Case number, if known
	affiliate	f		Debtor				Relationship to you
						_ When		Case number, if known
	Do you residen	rent your ce?	☑ No. ☐ Yes.	Go to line 12 Has your land residence?		ion judg	ment against you	and do you want to stay in your
				No. Go to	line 12.			
					out <i>Initial Statement Ab</i> ruptcy petition.	out an E	Eviction Judgment	Against You (Form 101A) and file it with

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tor			NINGHAM	Case number (# known)
	First Name Middle Nar	ne	Last Name	***************************************
art	38 Report About Any I	3usines:	ses You Own as a	a Sole Proprietor
	\$400 B			
	re you a sole proprietor	🛭 No.	Go to Part 4.	
	f any full- or part-time	□ vas	. Name and location of	of huninage
	usiness? sole proprietorship is a	- 1es	. Name and rocation of	or business
	isiness you operate as an		N. S.	
	dividual, and is not a parate legal entity such as		Name of business, if any	any
· a	corporation, partnership, or			
	.C.		Number Street	
	you have more than one le proprietorship, use a		***************************************	
se	parate sheet and attach it			
to	this petition.		City	State ZIP Code
	•		Check the appropriat	iate box to describe your business:
	. *		☐ Health Care Busin	usiness (as defined in 11 U.S.C. § 101(27A))
			☐ Single Asset Rea	eal Estate (as defined in 11 U.S.C. § 101(51B))
			☐ Stockbroker (as d	s defined in 11 U.S.C. § 101(53A))
•			☐ Commodity Broke	oker (as defined in 11 U.S.C. § 101(6))
			☐ None of the above	ove
	Com Allicon Company (Company Company)	ta e Austria Sertino de 1550 o 1550 o	or to the total to the selection to accommodate the selection of the selec	The state of the s
Ba ar de	hapter 11 of the ankruptcy Code and e you a small business abtor?	most rea	cent balance sheet, sta	es. If you indicate that you are a small business debtor, you must attach your statement of operations, cash-flow statement, and federal income tax return or if not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). The Chapter 11.
bu	r a definition of small siness debtor, see U.S.C. § 101(51D).	☐ No.	I am filing under Char the Bankruptcy Code.	napter 11, but I am NOT a small business debtor according to the definition in de.
		Yes.	I am filing under Chap Bankruptcy Code.	napter 11 and I am a small business debtor according to the definition in the
rt :	Report if You Own	or Have	Any Hazardous Pr	Property or Any Property That Needs Immediate Attention
	you own or have any	☑ No		
	operty that poses or is	_	What is the hazard?	42
	eged to pose a threat imminent and	— 163.	WHAT IS LIFE HAZAIU:	**
ide	entifiable hazard to			
	blic health or safety?			
	do you own any operty that needs			
	mediate attention?		If immediate attentio	tion is needed, why is it needed?
	r example, do you own			
tha	rishable goods, or livestock It must be fed, or a building It needs urgent repairs?			
	- •		Where is the propert	erty?
			, ,	Number Street
				City State 7/P Code
				LOV STATE SELECTIONS

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Debtor	1	

JOANN		CUNNINGHAM
inat Name	Middle Name	

Case number (# known)	
-----------------------	--

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before i filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

u	I am not required to receive a briefir	ig abou
	credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 JOA First Name	NN Middle Nam	CUNNINGHAM Last Name	Case	number (if known)	
Part 6: Answer	These Ques	stions for Reporting Purposes	ı		
16. What kind of d	ebts do	16a. Are your debts primarily	consumer debts? Con	sumer debts are d	lefined in 11 U.S.C. § 101(8)
you have?		as "incurred by an individual p No. Go to line 16b. Yes. Go to line 17	onmaniy for a personal, fam	illy, or nousenoid (purpose."
		16b. Are your debts primarily money for a business or inves	business debts? Businestment or through the opera	ess debts are debation of the busine	ots that you incurred to obtain
		No. Go to line 16c. Yes. Go to line 17.	,		
		16c. State the type of debts you ow	ve that are not consumer d	ebts or business d	lebts.
7. Are you filing u	ınder	☐ No. I am not filing under Chap	ter 7. Go to line 18.		
Do you estimat		Yes. I am filing under Chapter 7 administrative expenses a	7. Do you estimate that afte	r any exempt prop vailable to distribu	perty is excluded and te to unsecured creditors?
excluded and administrative are paid that fu available for di to unsecured c	nds will be stribution	☑ No ☐ Yes			
s. How many cred		✓ 1-49 □ 50-99	1,000-5,000 5,001-10,000		25,001-50,000
owe?	,	100-199 200-999	10,001-25,000	_	50,001-100,000 More than 100,000
 How much do y estimate your a be worth? 		✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 millio \$10,000,001-\$50 mill \$50,000,001-\$100 mil \$100,000,001-\$500 n	ion 🗔	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
o. How much do y	ionesialonis siere i disinteriore incominate	3 \$0-\$50,000 3 \$0-\$50,000	\$1,000,001-\$10 millio	general processors and the contract of the con	\$ 500,000,001-\$1 billion
estimate your li to be?	abilities	□ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$10,000,001-\$50 milli \$50,000,001-\$100 mi	ion 🗔	\$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
≥art 7: Sign Bel	ow	3 \$300,001-\$1 minlon	□ \$100,000,001-\$500 n	illion L	More than \$50 billion
or you		I have examined this petition, and I correct.	declare under penalty of p	erjury that the info	rmation provided is true and
		If I have chosen to file under Chapte of title 11, United States Code. I undunder Chapter 7.			
		If no attorney represents me and I d this document, I have obtained and	tid not pay or agree to pay read the notice required by	someone who is n y 11 U.S.C. § 342(ot an attorney to help me fill out b).
		I request relief in accordance with the	,	•	•
		I understand making a false statement with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and	n fines up to \$250,000, or in		
		Signature of Debtor 1	× ×		tor 2
		Executed on 69-28 2	<u>0</u> 17	Signature of Deb	tor 2

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Debtor 1 JOANN First Name Middle Nan	CUNNINGHAM Last Name	Case number (if known)_	,			
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in to proceed under Chapter 7, 11, 12, or available under each chapter for which the notice required by 11 U.S.C. § 342(I	13 of title 11, United States Code, and the person is eligible. I also certify the	id have nat I ha	ex eve (plaine delive	ed the relief ered to the debtor(s
f you are not represented	knowledge after an inquiry that the infor					
by an attorney, you do not need to file this page.	× _{N/A}	Date				
	Signature of Attorney for Debtor		MM	1	DD	/YYYY
	Printed name				·····	
	Firm name					
	Number Street					
	O.L.		· ====			
	City	State	ZIP C	oae		
	Contact phone	Email address				
	Bar number	State				
	e et til flavor for flavor for for en fra skrivet fram to know to transference for the formation of the format	e et et transfertig i in de egge et e en egge et en egge et en egge et en egge et en egge en egge en egge en e	constant village of L	oso neces	Cofee-Codeday	a transportant and management and a strong time of the

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Debtor 1	JOANN First Name Middle Nam	CUNNINGHAM Last Name	Case number (if known)
	if you are filing this tcy without an	should understand that man themselves successfully. Bo	ividual, to represent yourself in bankruptcy court, but you may people find it extremely difficult to represent ecause bankruptcy has long-term financial and legal engly urged to hire a qualified attorney.
an attorr	e represented by ney, you do not file this page.	To be successful, you must contechnical, and a mistake or inaction dismissed because you did not hearing, or cooperate with the offirm if your case is selected for a	rectly file and handle your bankruptcy case. The rules are very stion may affect your rights. For example, your case may be file a required document, pay a fee on time, attend a meeting or court, case trustee, U.S. trustee, bankruptcy administrator, or audit audit. If that happens, you could lose your right to file another ns, including the benefit of the automatic stay.
		court. Even if you plan to pay a in your schedules. If you do not property or properly claim it as a also deny you a discharge of all case, such as destroying or hidi cases are randomly audited to come the schedules.	and debts in the schedules that you are required to file with the particular debt outside of your bankruptcy, you must list that debt list a debt, the debt may not be discharged. If you do not list exempt, you may not be able to keep the property. The judge can your debts if you do something dishonest in your bankruptcy ng property, falsifying records, or lying. Individual bankruptcy determine if debtors have been accurate, truthful, and complete.
		hired an attorney. The court will successful, you must be familian	ttorney, the court expects you to follow the rules as if you had not treat you differently because you are filing for yourself. To be r with the United States Bankruptcy Code, the Federal Rules of local rules of the court in which your case is filed. You must also be too laws that apply.
		Are you aware that filing for ban consequences? No Yes	kruptcy is a serious action with long-term financial and legal
***			raud is a serious crime and that if your bankruptcy forms are ould be fined or imprisoned?
		Did you pay or agree to pay som No Yes. Name of Person	neone who is not an attorney to help you fill out your bankruptcy forms? In Preparer's Notice, Declaration, and Signature (Official Form 119).
		have read and understood this n	that I understand the risks involved in filing without an attorney. I notice, and I am aware that filing a bankruptcy case without an my rights or property if I do not properly handle the case.
		Signature of Debtor 1	Signature of Debtor 2
		Date MM / DD / YYYY	Date MM / DD /YYYY
		Contact phone (872) 201-9162	Contact phone
		Cell phone (872) 201-9162	Cell phone

Email address

Email address joancunningham@yahoo.com

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Debtor 1	JOAN	CUNNII	VGHAM
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing	ng) First Name	Middle Name	Last Name
United State	s Bankruptcy Court for	the: Northern District of I	Illinois
Case numbe	er		
	(If known)		

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

art 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	\$325.00
1c. Copy line 63, Total of all property on Schedule A/B	\$325.00
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 36,334.00
Your total liabilities	\$ 36,334.00
rt 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,612.98
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	_{\$} 1,766.00

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Deb	otor 1	JOAN First Name N	liddle Name	CUNNINGHAM Last Name	_ Ca	ase number (if known)			
		riist Name N	Hodie Name	Last Name					
Pa	rt 4:	Answer These	Questions	for Administrative and S	tatistical Records	•			
6.	Are yo	u filing for bankr	uptcy under C	hapters 7, 11, or 13?					
	☐ No. ☑ Yes	. You have nothing s	to report on th	is part of the form. Check this	box and submit this f	orm to the court wil	th your other	schedule	S.
7.	What k	ind of debt do yo	u have?				manghamag husasa a sasa sa sa s		
	You fam	ur debts are prim nily, or household p	arily consume ourpose." 11 U.	er debts. Consumer debts are S.C. § 101(8). Fill out lines 8-	those "incurred by an 9g for statistical purpo	i individual primarily ises, 28 U.S.C. § 1	y for a persoi 59.	nal,	
	You this	ur debts are not p form to the court	orimarily cons with your other	umer debts. You have nothin schedules.	g to report on this par	t of the form. Chec	k this box an	d submit	
8.	From to Form 1	he <i>Statement of</i> \\ 22A-1 Line 11; O F	/our Current & I, Form 122B L	Monthly Income: Copy your to ine 11; OR, Form 122C-1 Line	otal current monthly in e 14.	come from Official		\$	2,028.66
9, 1	Copy th	ne following spec	ial categories	of claims from Part 4, line 6	of Schedule E/F:	Nama () () () () () () () () () (***************************************	., ., , ,	
						Total claim			
	From	Part 4 on Schedi	ule E/F, copy t	he following:					
!	9a. Don	nestic support obli	gations (Copy	ine 6a.)		\$	0.00		
!	9b. Tax	es and certain other	er debts you ov	ve the government. (Copy line	e 6b.)	\$	0.00		
,	9c. Clai	ms for death or pe	rsonal injury w	hile you were intoxicated. (Co	py line 6c.)	\$	0.00		
,	9d. Stud	dent loans. (Copy l	ine 6f.)			\$	0.00		
,		igations arising out rity claims. (Copy I		n agreement or divorce that y	ou did not report as	\$	0.00		
4	9f. Deb	ts to pension or pr	ofit-sharing pla	ns, and other similar debts. (0	Copy line 6h.)	+ \$	0.00		
ţ	9g. Tot a	al. Add lines 9a thr	ough 9f.			\$	0.00		

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Down First Name Middle Name Stor 2 Souse, if filing) First Name Middle Name Sited States Bankruptcy Court for the: Northern District of I See number Difficial Form 106A/B Schedule A/B: Property each category, separately list and describe items at the segory where you think it fits best. Be as complete sponsible for supplying correct information. If more rite your name and case number (if known). Answ 11.1: Describe Each Residence, Building, Do you own or have any legal or equitable interest No. Go to Part 2.	Last Name Last Name Linois List an asset only once. If an asset fits in more to the and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Have	than one category, list e are filing together, bo is form. On the top of a re an interest in erty?	th are equally
pouse, if filing) First Name Middle Name M	List an asset only once. If an asset fits in more te and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Havet in any residence, building, land, or similar properties.	than one category, list e are filing together, bo is form. On the top of a re an interest in erty?	amended filing 12/15 the asset in the th are equally
Describe Each Residence, Building, Do you own or have any legal or equitable interes Northern District of I are the second of	List an asset only once. If an asset fits in more te and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Havet in any residence, building, land, or similar properties.	than one category, list e are filing together, bo is form. On the top of a re an interest in erty?	amended filing 12/15 the asset in the th are equally
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official Form 106A/B chedule A/B: Property each category, separately list and describe items thegory where you think it fits best. Be as complet sponsible for supplying correct information. If mo rite your name and case number (if known). Answ 111: Describe Each Residence, Building, Do you own or have any legal or equitable interes No. Go to Part 2.	List an asset only once. If an asset fits in more to and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Haw it in any residence, building, land, or similar proper	than one category, list e are filing together, bo is form. On the top of a re an interest in erty?	amended filing 12/15 the asset in the th are equally
each category, separately list and describe items ategory where you think it fits best. Be as complete sponsible for supplying correct information. If more ite your name and case number (if known). Answers 1: Describe Each Residence, Building, Do you own or have any legal or equitable interested.	List an asset only once. If an asset fits in more to and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Have tin any residence, building, land, or similar properties.	e are filing together, bo is form. On the top of a re an interest in erty?	12/15 the asset in the th are equally
each category, separately list and describe items ategory where you think it fits best. Be as complete sponsible for supplying correct information. If more ite your name and case number (if known). Answers 1: Describe Each Residence, Building, Do you own or have any legal or equitable interested.	List an asset only once. If an asset fits in more to and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Have tin any residence, building, land, or similar properties.	e are filing together, bo is form. On the top of a re an interest in erty?	the asset in the th are equally
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each category, separately list and describe items at the segory where you think it fits best. Be as complete sponsible for supplying correct information. If morite your name and case number (if known). Answert 1: Describe Each Residence, Building, Do you own or have any legal or equitable interesting.	List an asset only once. If an asset fits in more to and accurate as possible. If two married people ore space is needed, attach a separate sheet to this er every question. Land, or Other Real Estate You Own or Have tin any residence, building, land, or similar properties.	e are filing together, bo is form. On the top of a re an interest in erty?	the asset in the th are equally
Do you own or have any legal or equitable interes No. Go to Part 2.	et in any residence, building, land, or similar prope	erty?	
No. Go to Part 2.			
	What is the property? Check all that apply.	Do not doduct oncured cir	
· · · · · · · · · · · · · · · · · · ·	What is the property? Check all that apply.	Do not deduct encured als	
ar res. where is the property:		DO HOL GEGUGG SECOLEG GR	aims or exemptions. Put
1.1. N/A	Single-family home	the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
Street address, if available, or other description	Duplex or multi-unit building Condominium or cooperative		Current value of the
	Manufactured or mobile home	entire property?	portion you own?
	Land	\$	\$
	investment property	Describe the nature of	of your ownership
City State ZIP Code	☐ Timeshare ☐ Other	interest (such as fee	simple, tenancy by
	Who has an interest in the property? Check one.	the entireties, or a life	e estate), if known.
	Debtor 1 only		
County	Debtor 2 only	,	
County	Debtor 1 and Debtor 2 only	Check if this is co	mmunity property
	At least one of the debtors and another	,	
	Other information you wish to add about this its property identification number:	em, such as local	
If you own or have more than one, list here:			
,	What is the property? Check all that apply.	Do not deduct secured cla	aims or exemptions. Put
	Single-family home	the amount of any secure Creditors Who Have Clain	
1.2. Street address, if available, or other description	Duplex or multi-unit building		
	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	Land	\$	\$
	☐ Investment property	Ψ	
City State ZIP Code	☐ Timeshare	Describe the nature of interest (such as fee:	
0.00	Other	the entireties, or a life	
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only Debtor 1 and Debtor 2 only	Obj. 15 15 15 15 15 15 15 15 15 15 15 15 15	
	At least one of the debtors and another	Check if this is co (see instructions)	ттипку ргореку
	Other information you wish to add about this ite	,	

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Debtor 1	JOANN First Name Middle Name	CUNNINGHAM Case number (i	f known)	
1.3.	Street address, if available, or other descri	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?	d claims on <i>Schedule D:</i> ns Secured by Property.
	City State ZI	P Code Timeshare Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other Information you wish to add about this it property identification number:	(see instructions) em, such as local	mmunity property
: Add:	the dollar value of the portion you ov	vn for all of your entries from Part 1, including any entricumber here.	es for pages	s 0.00
o⊔own . Cars	that someone else drives. If you lease vans, trucks, tractors, sport utility valor	e interest in any vehicles, whether they are registered or a vehicle, also report it on Schedule G: Executory Contracts rehicles, motorcycles		S
3.1.	Make:	Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla	d claims on Schedule D:
	Year: Approximate mileage:	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Creditors Who Have Clain Current value of the entire property?	Current value of the portion you own?
	Other information:	Check if this is community property (see instructions)	\$	\$
If you	u own or have more than one, describe	here:		
3.2.	Make: Model: Year: Approximate mileage:	Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D:
	Other information:	Check if this is community property (see instructions)		\$

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0.0.				
0.0.				
	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:	Debtor 1 only	Creditors Who Have Clain	
	Year:	Debtor 2 only	Current value of the	Current value of th
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other information:	At least one of the debtors and another		
1		Check if this is community property (see instructions)	\$	\$
	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla	ime or evemotione. Out
		Debtor 1 only	the amount of any secured	d claims on <i>Schedule D:</i>
1	Model:	Debtor 2 only	Creditors Who Have Clain	ns Secured by Property.
•	Year:	Debtor 1 and Debtor 2 only	Current value of the	Current value of th
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:			
Vienas et al. and and		Check if this is community property (see instructions)	\$	\$
xamp 1 No	oles: Boats, trailers, motors, pe	, ATVs and other recreational vehicles, other vehicles, and access ersonal watercraft, fishing vessels, snowmobiles, motorcycle accessor		
xamp 1 No 1 Ye:	oles: Boats, trailers, motors, pe	ersonal watercraft, fishing vessels, snowmobiles, motorcycle accessor	ories	
xamp Ø No ☑ Ye:	oles: Boats, trailers, motors, pe	ersonal watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one.		
Mamp Maria Ma Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Ma Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	oles: Boats, trailers, motors, pe	ersonal watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only	ories Do not deduct secured cla	d claims on Schedule D:
Xamp No Yes	oles: Boats, trailers, motors, pe s Make:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim	d claims on <i>Schedule D:</i> as <i>Secured by Property.</i>
Xamp No Yes	oles: Boats, trailers, motors, pe s Make: Model:	ersonal watercraft, fishing vessels, snowmobiles, motorcycle accessor Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any secure	d claims on <i>Schedule D:</i> as <i>Secured by Property.</i>
Xamp No Yes	oles: Boats, trailers, motors, pe s Make: Model:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured cla the amount of any secured Creditors Who Have Claim	d claims on Schedule D: ns Secured by Property. Current value of the
No Yes	oles: Boats, trailers, motors, pe s Make: Model:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any secured Creditors Who Have Clain Current value of the entire property?	d claims on Schedule D: as Secured by Property. Current value of the portion you own?
No Yes	oles: Boats, trailers, motors, pass Make: Model: Year: Other information:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property?	d claims on Schedule D: as Secured by Property. Current value of the portion you own?
No Yes	oles: Boats, trailers, motors, pass Make: Model: Year: Other information: own or have more than one, list	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla the amount of any securec	d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$
No Yes	oles: Boats, trailers, motors, pass Make: Model: Year: Other information: own or have more than one, list Make: Model:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) st here: Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured cla the amount of any securec Creditors Who Have Claim	d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put I claims on Schedule D: as Secured by Property.
No Yes	oles: Boats, trailers, motors, pass Make: Model: Year: Other information: own or have more than one, list	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) st here: Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the	d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$
Xamp	oles: Boats, trailers, motors, pass Make: Model: Year: Other information: own or have more than one, list Make: Model:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) st here: Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured cla the amount of any securec Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured cla the amount of any securec Creditors Who Have Claim	d claims on Schedule D: as Secured by Property. Current value of the portion you own? \$ ims or exemptions. Put I claims on Schedule D: as Secured by Property.

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Debtor 1

JOANN First Name CUNNINGHAM

Lort Name

Case number (if known)

Do you own or have any legal or equitable interest in any of the following items?	portion	value of the you own? duct secured claims tions.
6. Household goods and furnishings		
Examples: Major appliances, furniture, linens, china, kitchenware		
□ No		
Yes. Describe BED AND A SOFA AND A DRESSER	\$	175.00
7. Electronics		
Examples: Televisions and radios; audio, video, stereo, and digital equipment; com collections; electronic devices including cell phones, cameras, media pla		
No Automobility and a second an	de tratación de sector de tratación de secue de tratación	
Yes. Describe	\$	· · · · · · · · · · · · · · · · · · ·
8. Collectibles of value	The state of the s	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, picture stamp, coin, or baseball card collections; other collections, memorabilia,	collectibles	
Yes. Describe	\$	•
9. Equipment for sports and hobbies	м 15 г. п. та погрудно поливностина пинантовничного изполе изполением порта и каки и долго изполение год.	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, po and kayaks; carpentry tools; musical instruments	ool tables, golf clubs, skis; canoes	
No		
Yes. Describe	\$	
10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	NOT A MARKET SOUNDER HIS WORK TO THE WORK TO AND A SOUND FOR THE WORK TO AN ARREST OF THE WORK TO AN ARREST FOR THE WORK TO A TH	
Yes. Describe	\$	
11. Clothes	тот тот тот два ту тот на вого поступент потройно, и в до дополно на села у Алендрина подавания на села ба ба	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No		
Yes. Describe CLOTHING & SHOES	\$	150.00
12. Jewelry		
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, he gold, silver	pirloom jewelry, watches, gems,	
Yes. Describe	America de la crisca de construeira desenda con la crisca establica establica de la contractión de la	***************************************
13. Non-farm animals	CONTRACTOR OF THE PROPERTY OF	
Examples: Dogs, cats, birds, horses		
No Yes. Describe	\$	
14. Any other personal and household items you did not already list, including an		
[A No	··	
Yes. Give specific information.	c	
200 observations and the Control of	. Lancardo barro como esta deministra de como alcono de como d	

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Debtor 1

JOANN

CUNNINGHAM

Case number (if known)___

Do you own or have any	legal or equitable interest in	n any of the following?		Current value of the portion you own? Do not deduct secured claim or exemptions.
16. Cash <i>Examples:</i> Money you	have in your wallet, in your ho	me, in a safe deposit box, and on hand	when you file your petition	
2 No	•	•		
			Cash:	\$
		ounts; certificates of deposit; shares in comultiple accounts with the same institution		
☐ Yes		Institution name:		
	17.1. Checking account:			\$
	17.2. Checking account:			\$
	17.3. Savings account:	and and a second		\$
	17.4. Savings account:		· · · · · · · · · · · · · · · · · · ·	\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
	or publicly traded stocks investment accounts with brok Institution or issuer name:	kerage firms, money market accounts		
	***************************************			\$
	***************************************	Administration of the state of		. \$
				- \$
19. Non-publicly traded s an LLC, partnership,		orated and unincorporated businesse	es, including an interest in	
☑ No	Name of entity:		% of ownership:	
Yes. Give specific information about			0%%	\$
them		WARNOTTE	0%_%	\$
				\$

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Debtor 1	JOANN First Name		JNNINGHAM est Name	Case number (if known)	·····
). Govern	ment and corp	orate bonds and other	er negotiable and non-negotia	able instruments	
			ks, cashiers' checks, promissor mot transfer to someone by sign		
	. Give specific	Issuer name:			
	rmation about				\$
					\$
					\$
<i>Exampl</i> ☑ No			1(k), 403(b), thrift savings acco	unts, or other pension or profit-sharing plans	
	. List each ount separately.	Type of ac count:	Institution name:		
		401(k) or similar plan:			\$
		Pension plan:	***************************************		\$
		IRA:			\$
		Retirement account:			\$
		Keogh:			\$
		Additional account:			\$
		Additional account:			\$
Your sh Example		d deposits you have m	ade so that you may continue so I rent, public utilities (electric, ga		
Ø No					
☐ Yes			titution name or individual:		
		Electric:			\$
		Heating oil:			\$
			tal unit:		\$
		Prepaid rent:			Ф <u></u>
		Telephone:			\$
		Water:			\$
		Rented furniture:			\$
		Other:			\$
. Annuitie	es (A contract fo	or a periodic payment o	f money to you, either for life or	for a number of years)	
No					
Yes		Issuer name and desc	ription:		

Case 17-29546 Doc 1 Filed 10/03/17 Entered 10/03/17 08:51:00 Desc Main Page 17 of 83 Document **JOANN CUNNINGHAM** Debtor 1 Case number (if known) First Name Middle Name Last Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No **1** Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit 2 No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements Z No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Z No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own?
Do not deduct secured claims or exemptions 28. Tax refunds owed to you ☑ No ☐ Yes. Give specific information Federal: about them, including whether you already filed the returns State: and the tax years. Local:

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement:

30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

Z No Yes. Give specific information.....

29. Family support

Property settlement:

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37. Do you own or have any legal or equitable interest in any business-related property?

A No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe......

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe......

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Debtor 1	JOANN	CUNNINGHAM	Case number (if known)	
	First Name	Middle Name Last Name	Cust minus (i. dos)	
40. Machin	ery, fixtures, e	quipment, supplies you use in business, and tools	s of your trade	
☐ No				
Yes	. Describe			\$
			end that he had been and he will be the first that the substantial and a substantial for the first that he had been the first that he first that he first that he had been that the first that he had been that he	
41. Invento				
No	γ ŧy ∵	The Control of the Co	Participation of the state of t	agen man tarken del
	. Describe			S
		. PER PERSON IN THE STATE OF THE STATE AND	ander transferration to the transferration of the transferration o	nog arm a gard
42 interest	le in nartnarch	ips or joint ventures		
□ No	o iii partiicisii	ips of John Ventures		
	Describe	Name of entity:		
			% of ownership:	
				\$
			<u> </u>	\$
			%	\$
3. Custom	er lists. mailin	g lists, or other compilations		
☐ No	·	•		
Yes	. Do your lists	include personally identifiable information (as defi	ned in 11 U.S.C. § 101(41A))?	
	☐ No			
	Yes. Desc	ribe		
				\$
4 Any hus	siness-related	property you did not already list		2002 S. 11 PS
☐ No	Janeou Tolalou	property you are not unearly not		
	. Give specific			\$
infor	rmation	1197 807 400 400 400 400 400 400 400 400 400 4	, , , , , , , , , , , , , , , , , , ,	_
			, , , , , , , , , , , , , , , , , , , ,	\$
				\$
		Weeklink		\$
				\$
				\$
		f all of your entries from Part 5, including any entr umber here		\$0.00
ioi rari	. J. Wille Clat I	uniber nere		
Part 6:	Describe A	y Farm- and Commercial Fishing-Related Pi	ronerty You Own or Have an Interest	łn.
		have an interest in farmland, list it in Part 1.	opening for our of the or the original or	• • • • • • • • • • • • • • • • • • • •
		ny legal or equitable interest in any farm- or comm	ercial fishing-related property?	
	Go to Part 7.			
₩ Yes.	Go to line 47.			
				Current value of the portion you own?
				Do not deduct secured claims
7 Far	a franco da			or exemptions.
7. Farm ar Evample		oultry, farm-raised fish		
□ No	sa. Livesiuuk, p	odoy, idilirtaleca ileli		
	<u>.</u>			· · · · · · · · · · · · · · · · · · ·
(CS				1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
				•

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Debtor 1	JOANN First Name	CUNNINGHAM Middle Name Last Name		ı	Case number (if known)	700 TO THE OWNER OF THE OWNER OWNER OF THE OWNER	
8. Crops— No	either growin	g or harvested					
Yes	. Give specific					\$	
☐ No	- '	ipment, implements, machinery, fixtur	res, and tools	of trade		rang i ⁱ	
☐ Yes						\$	
o. Farm ar		plies, chemicals, and feed					
☐ No		anness sensiones (1 III III III III III III III III III			onnamanananananananan on aranggipang tagaga 2 m20 20% (2 sengtan) ita 18 s	etter g	
- 163						\$	
1. Any fari	m- and comme	ercial fishing-related property you did	not already li	st			
	Give specific mation					\$	- Water State Control of the Control
		of all of your entries from Part 6, inclu	ding any entri	ies for pages	you have attached	\$	0.00
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		number here			······		
	Give specific mation	andron andro Mathelian barbaha 1888 rak 1870 da 1880 d	terated as a first second for the order of the consequently and a first second as a final second as a	kar militarin entrestrici dialeccina	Parament in a distribution administration from the transfer transfer to the transfer to the transfer to the tr	\$ \$	
						\$	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
. Add the	dollar value o	f all of your entries from Part 7. Write	that number i	here	······	\$	0.00
art 8:	List the To	otals of Each Part of this Forn	n				
5. Part 1; T	<u></u>	e, line 2				\$	0.00
6. Part 2: T	otal vehicles,	line 5	\$	0.00			
. Part 3: T	otal personal	and household items, line 15	š	325.00			
3. Part 4: T	otal financial	assets, line 36	\$	0.00			
). Part 5: T	otal business	-related property, line 45	\$	0.00			
). Part 6: T	otal farm- and	fishing-related property, line 52	4	0.00			
i. Part 7: T	otal other pro	perty not listed, line 54	+ \$	0.00	•		
2. Total pe	rsonal propert	ty. Add lines 56 through 61.	. <u>\$</u>	325.00	Copy personal property total	+\$	325.00
							325.00
. Total of	ali property or	Schedule A/B. Add line 55 + line 62				\$	323.00

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Fill in this inform	ation to identify your case			
Debtor 1 JOA		JNNINGHAM	***************************************	
First N Debtor 2		me Last Name		
(Spouse, if filing) First N				
	ptcy Court for the: Northern Di	istrict of Illinois		
Case number (if known)		**************************************		Check if this is ar amended filing
				Ç
Official For				
Schedul	e C: The Pro	operty You	Claim as Exemp	t 12/15
Using the property y	ou listed on <i>Schedule A/B: F</i> out and attach to this page a	Property (Official Form 106.	ogether, both are equally responsible for s A/B) as your source, list the property that Additional Page as necessary. On the top	you claim as exempt. If more
For each item of pr specific dollar amo of any applicable s retirement funds—	operty you claim as exempunt as exempt. Alternative tatutory limit. Some exempunts be unlimited in dollar	ely, you may claim the ful otions—such as those fo amount. However, if you	amount of the exemption you claim. On I fair market value of the property bein I health aids, rights to receive certain I claim an exemption of 100% of fair ma I property is determined to exceed that	g exempted up to the amount benefits, and tax-exempt arket value under a law that
Part 1: Identi	fy the Property You Cla	iim as Exempt		
You are cla	ming state and federal nonb	ankruptcy exemptions. 11	f your spouse is filing with you. U.S.C. § 522(b)(3)	
2. For any proper	ty you list on <i>Schedule A/</i>	B that you claim as exem	pt, fill in the information below.	
	on of the property and line o	on Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	. , .	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	CLOTHING	<u>\$ 150.00</u>	☑ \$ 150.00	11 U.S.C. § 522(b)(2)
Line from Schedule A/B:	15		100% of fair market value, up to any applicable statutory limit	***************************************
Brief description:	FURNITURE	<u>\$ 175.00</u>	☑ \$ <u>175.00</u>	11 U.S.C. § 522(b)(2)
Line from Schedule A/B:	15		100% of fair market value, up to any applicable statutory limit	
Brief description:		_ \$		
Line from Schedule A/B:	Mel Marie Hard The Marie Harden State of the		☐ 100% of fair market value, up to any applicable statutory limit	*** The Market Control of the Contro
	ng a homestead exemption		es filed on or after the date of adjustment.	

□ No □ Yes

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1

JOANN

CUNNINGHAM Last Name

Case number (if known)___

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	<u> </u>	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	The state of the s
Brief description:	\$	☐ \$ ☐ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	\$7000000000000000000000000000000000000
Brief description:	\$	<u> </u>	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	□ s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	MANAGEMENT OF THE PROPERTY OF
Brief description:	\$	\$ too % of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	\$	Q \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	O \$	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	The second of th
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	Chrysland and a second a second and a second a second and
Brief description:	\$	Q \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	The state of the s
Brief description:	\$	- \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$	D \$	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	

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Fill in this information to identify your ca	ise:			
Debtor 1 JOANN	CUNNINGHAM			
First Name Middle	Name Last Name			
Debtor 2 (Spouse, if filing) First Name Middle	Name Last Name			
United States Bankruptcy Court for the: Northern	n District of Illinois			
Case number			•	
(If known)			🗖 Check	if this is an
			amend	led filing
Official Form 106D				
	rs Who Have Claims Secur	ed by Pro	nertv	12/15
information. If more space is needed, col	. If two married people are filing together, both are eopy the Additional Page, fill it out, number the entries,	qually responsible t and attach it to this	for supplying corrects form. On the top o	ct f anv
additional pages, write your name and ca	se number (if known).			· ,
1. Do any creditors have claims secured	by your property?			
	rm to the court with your other schedules. You have noth	ing else to report on	this form.	
Yes. Fill in all of the information below	<i>.</i>			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separately	Column A	Column B	Column C
for each claim. If more than one creditor i	has a particular claim, list the other creditors in Part 2.	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
As much as possible, list the claims in alp	habetical order according to the creditor's name.	value of collateral.	claim	If any
2.1	Describe the property that secures the claim:	\$.\$	¢
Creditor's Name		T	. 4	φ
Number Street	As of the date you file the claim is: Check all that each			
	As of the date you file, the claim is: Check all that apply. O Contingent			
	Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
At least one of the debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
Check if this claim relates to a	Const (stodding a riger to offset)	•		
community debt Date debt was incurred	Last 4 digits of account number			
i territori e de la comunicación de la comunicación de comunicación de la comunicación de la comunicación de l La Calleria	ranson partie mentre de la misse della mis	and the state of the section of the	\$\$0 magnetic production of the group of the segment	Action of the contract of the
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number	miterativitien was versionaven over sit et system opplevant estadet entrev		taribanbanasanning eryogagagag
Add the dollar value of your entries in (Column A on this page. Write that number here:	\$	ĺ	

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Debtor 1	JOANN	CUNNINGHAM Case	number (if known)		
	First Name Middle Name	Last Name	TENTO (I NIOWI)		
Part 1:	Additional Page After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.3		Describe the property that secures the claim:	\$	\$	\$
Creditor	s Name			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Number	Street	-			
City	State ZIP Code	As of the date you file, the claim is: Check all that app Contingent Unliquidated Disputed	ly.		
Who ow	es the debt? Check one.	Nature of lien. Check all that apply.			
Debto		An agreement you made (such as mortgage or secured	i		
	or 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
	or 1 and Debtor 2 only ust one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
		Other (including a right to offset)			
	k if this claim relates to a nunity debt				
Date deb	t was incurred	Last 4 digits of account number			
		Describe the property that secures the claim:	\$	Security and security of the first state of the security of th	etti tetti eti turi turi turi turi eti erita ili eti eti eti eti eti eti eti eti eti et
Creditor's	Name			ΨΥ	·
Number	Street				
Muniper	Offeet	As of the date you file, the claim is: Check all that appi			
		Contingent	у.		
		☐ Unliquidated			
City	State ZiP Code	☐ Disputed			
Who owe	s the debt? Check one.	Nature of lien. Check all that apply.			
Debto		An agreement you made (such as mortgage or secured)			
	r 2 only	car loan)			
	r 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
LI At leas	st one of the debtors and another	Judgment lien from a lawsuit			
	k if this claim relates to a nunity debt	Other (including a right to offset)	_		
Date debi	t was incurred	Last 4 digits of account number			
		Describe the property that secures the claim:	\$	\$\$	1940
Creditor's	Name				
Number	Street				
		As of the date you file, the claim is: Check all that apply	<i>(</i> .		
City	State ZIP Code	Contingent			
City	State ZIF Code	☐ Unliquidated ☐ Disputed			
Who owe	s the debt? Check one.				
Debtor		Nature of lien. Check all that apply.			
	· 2 only	An agreement you made (such as mortgage or secured car loan)			
	1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
	et one of the debtors and another	Judgment lien from a lawsuit			
Chack	if this claim relates to a	Other (including a right to offset)	_		
comm	unity debt	Look & digito of any continue			,
	was incurred	Last 4 digits of account number	**************************************		
		in Column A on this page. Write that number here	\$		
lf th Wri	nis is the last page of your form, te that number here:	add the dollar value totals from all pages.	s	Marin 1881 1881 1881 1888 1835 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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Document JOANN First Name CUNNINGHAM Last Name Case number (if known)

agency is tr you have me	ying to collect from you for a de	ebt you owe to the debts tha	o someone else, list tl It vou listed in Part 1.	r a debt that you already listed in Part 1. For example, if a collection he creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
				On which line in Part 1 did you enter the creditor?
Name		· · · · · · · · · · · · · · · · · · ·	**************************************	Last 4 digits of account number
Number	Street		THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN	
				_
City		State	ZIP Code	
J				On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			_
City		State	ZIP Code	- -
7	menes er er er misser er e			On which the is Board did
 Name		· · · · · · · · · · · · · · · · · · ·		On which line in Part 1 did you enter the creditor?
				Last 4 digits of account number
Number	Street			-
				-
City		State	ZIP Code	-
7	er e	na nna hawanna ya ya ya gugunga nga man na		On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street		7. 10 to	-
				-
City		State	ZiP Code	-
		- Care 2 - Care 1 - Care 2 - C	ang the the time to the time	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street		THE STATE OF THE S	•
				
City		State	ZIP Code	
	and the second	omende magnety a vigin to a visit of a fight to a visit and a visit of a visit of a visit of a visit of a visit	engenengang ang gang ay teranta ta t	On which line in Part 1 did you enter the creditor?
Name				Last 4 digits of account number
Number	Street			
City		State	ZIP Code	

Debtor 1

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Fill in this i	nformation to identify y	your case:					
Debtor 1	JOANN	CU	INNINGHAM]			
Deblor	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing	j) First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the: 1	Northern District o	f Illinois				
Case number (if known)							eck if this is an ended filing
Official I	Form 106E/F						
Sched	ule E/F: Cre	ditors W	ho Have Unsec	ured Clain	ns		12/15
List the other A/B: Property creditors with needed, copy any additions	r party to any executory y (Official Form 106A/B h partially secured clai	y contracts or un i) and on Schedu ms that are listed it out, number th me and case nun	•	t in a claim. Also li Unexpired Leases (Have Claims Secui	st executory co Official Form 1 red by Property	ontracts on 3 06G). Do not v. If more spa	S <i>chedule</i> t include any ace is
and an arribanta	editors have priority u						
	o to Part 2.						
2 List all of	vour priority unsecure	ed claims. If a cre	ditor has more than one priority u	nsecured claim list t	he creditor sepa	rately for ear	th claim. For
each clain	n listed, identify what type	e of claim it is. If a	claim has both priority and nonprairies in alphabetical order accordi	riority amounts, list th	iat claim here ar	nd show both	priority and
unsecured	I claims, fill out the Conti	nuation Page of P	art 1. If more than one creditor ho	olds a particular clain			
(For an ex	planation of each type of	f claim, see the in:	structions for this form in the instru	uction booklet.)	Takal alakas	i i i i i i i i i i i i i i i i i i i	1111
***************************************					Total claim	Priority amount	Nonpriority amount
2.1			1 4 4 4 1 - 1 4 - 1 4 - 1 - 1 - 1 - 1		e	\$	\$
Priority Cre	ditor's Name		Last 4 digits of account number		Φ	. •	
Number	Street		When was the debt incurred?	***************************************			
Number	Sueet		An of the data year file the eleius	io. Charle all that annie			
			As of the date you file, the claim	is. Check an trat appr	f .		
City	State	ZIP Code	☐ Contingent☐ Unliquidated				
Who incu	urred the debt? Check on	e.	Disputed				
Debto	•						
Debto			Type of PRIORITY unsecured	claim:			
	r 1 and Debtor 2 only st one of the debtors and an		Domestic support obligations				
			☐ Taxes and certain other debts yo	ou owe the government			
☐ Chec	k if this claim is for a co	mmunity debt	Claims for death or personal inju	ry while you were			
	im subject to offset?		intoxicated Other. Specify				
☐ No ☐ Yes			other. apeciny		=		
2.2		**************************************	MBB PREVENTION OF THE PRESENT OF THE PRESENT OF THE PRESENT OF THE PREVENT OF THE PREVENT OF THE PRESENT OF THE PRESENT OF THE PREVENT OF THE PREVENT OF THE PRESENT OF THE PRESENT OF THE PREVENT OF THE PREVENT OF THE PRESENT OF THE PREVENT OF THE				
	ditor's Name		Last 4 digits of account number		\$	\$	\$
			When was the debt incurred?				
Number	Street		As of the date you file, the claim	is: Check all that anni-			
Market Market and Parket Assessment			Contingent	is. Clieck all trial apply			
City	State	ZIP Code	Unliquidated				
•	urred the debt? Check one		Disputed				
wno inci.		s.	,				
Debtoi	•		Type of PRIORITY unsecured of	claim:			
	r 1 and Debtor 2 only		Domestic support obligations				
_	st one of the debtors and an	other	Taxes and certain other debts yo				
	k if this claim is for a cor		Claims for death or personal injul	ry white you were			
	im subject to offset?		intoxicated Other. Specify				
□ No	•		, , , , , , , , , , , , , , , , , , , ,		•		

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Fill in this	information to identify	your case:					
Debtor 1	JOANN	CUI	NNINGHAM				
Debtor	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name				
United State	s Bankruptcy Court for the:	Northern District of	Illinois				
	, ,					☐ Ch	eck if this is an
(if known)						am	ended filing
Official	C 400E/E			-			
	Form 106E/F						
Sched	lule E/F: Cre	ditors W	ho Have Unsec	ured Clain	ns		12/15
List the other A/B: Proper creditors with needed, copany addition	er party to any executor ty (Official Form 106A/E th partially secured cla	ry contracts or une 3) and on Schedule ims that are listed I it out, number the ime and case num	,	t in a claim. Also li Unexpired Leases (Have Claims Secui	st executory c Official Form 1 red by Propert	ontracts on l06G). Do no y. If more sp	Schedule It include any ace is
NEW SERVICE SERVICE							
	reditors have priority used to Part 2.	insecured claims a	igainst you?				
☑ Yes.							
each clai nonpriorii	m listed, identify what typ ty amounts. As much as	oe of claim it is. If a possible, list the cla	litor has more than one priority u claim has both priority and nonpr ims in alphabetical order accordi art 1. If more than one creditor ho	fiority amounts, list thing to the creditor's n	nat claim here a name. If you hay	nd show both e more than	priority and two priority
(For an e	xplanation of each type of	of claim, see the ins	tructions for this form in the instr	uction booklet.)	<u>s.</u> 1515 say 151 say		7.574.
					Total claim	Priority amount	Nonpriority amount
2.1					•	•	•
Priority Cr	editor's Name		Last 4 digits of account number		\$	_ \$	\$
Number	Street	·····	When was the debt incurred?				
- Tuniboi	VIIOI	······	As of the date you file, the claim	is: Check all that anni-	ı		
			Contingent	in cricar an tracappi):		
City	State	ZIP Code	Unliquidated				
_	curred the debt? Check or		☐ Disputed				
	or 1 only or 2 only		Tune of BRIORITY come account	-1-1			
	or 1 and Debtor 2 only		Type of PRIORITY unsecured	ciaim:			
	ast one of the debtors and a	nathar	Domestic support obligations				
	ck if this claim is for a co		Taxes and certain other debts yoClaims for death or personal inju	•			
	aim subject to offset?	,	intoxicated	ry while you were			
□ No	aim subject to onser		Other. Specify		_		
Yes			oogoogaana toideaan eessaadiiriis a teadhareaa, arabah aanada eessaa eesaa eessaa eessaa eessaa eessaa eessaa e				
2.2	T DOCAL TARGETY LINES IN CASE OF CHARACTER SPACE OF THE S						
Priority Cr	editor's Name		Last 4 digits of account number When was the debt incurred?	MANUFACTURE PARTIES AND ADDRESS OF THE PARTIES A	\$	_ \$	\$
Number	Street		The state of the s				
<u> </u>			As of the date you file, the claim	is: Check all that apply	<i>t</i> .		
			Contingent				
City	State		Unfiquidated				
	curred the debt? Check on	e.	☐ Disputed				
Debto			Type of PRIORITY unsecured of	claim:			
Debte	or 2 only or 1 and Debtor 2 only		Domestic support obligations				
	or 1 and Debtor 2 only ast one of the debtors and ar		Taxes and certain other debts yo	u owe the government			
	ck if this claim is for a co	IOGICI	Claims for death or personal inju				
	aim subject to offset?	•	intoxicated Other. Specify				
□ No		·			•		

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Fi	ll in this in	formation to identify y	your case:					
	ebtor 1	JOANN	CI	JNNINGHAM]			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Name	Middle Name	Last Name				
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name				
Ur	nited States I	Bankruptcy Court for the: I	Northern District	of Illinois				
							\Box Ch	eck if this is ar
	ase number known)			· · · · · · · · ·			an	ended filing
\sim	:c:: r	400F/F			-			
	Ticiai F	Form 106E/F						
S	chedu	ıle E/F: Cre	ditors W	/ho Have Unsect	ured Clain	ns		12/15
List A/B cred nee any	the other : Property ditors with ded, copy additional	party to any executory (Official Form 106A/B partially secured claim	y contracts or u i) and on Schedi ms that are liste it out, number t me and case nu	•	lt in a claim. Also li Unexpired Leases (Have Claims Secur	st executory co Official Form 1 red by Property	ontracts on 06G). Do no /. If more sp	Schedule of include any pace is
0560000	32034354							
	No. Go	editors have priority un to Part 2.	nsecured claims	s against you?				
	☑ Yes.							
	each claim nonpriority	listed, identify what type amounts. As much as p	e of claim it is. If possible, list the c	editor has more than one priority un a claim has both priority and nonpr claims in alphabetical order accordi Part 1. If more than one creditor ho	riority amounts, list thing to the creditor's n	at claim here ar ame. If you hav	nd show bot e more than	h priority and two priority
				nstructions for this form in the instru				
						Total claim	Priority amount	Nonpriority amount
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	Priority Cred	itor's Name		Last 4 digits of account number		\$. \$	\$
				When was the debt incurred?	<u></u>			
	Number	Street						
				As of the date you file, the claim	is: Check all that apply	! .		
	City	State	ZIP Code	Contingent Unliquidated				
	Who incu	rred the debt? Check on	e.	Disputed				
	Debtor	,						
	Debtor			Type of PRIORITY unsecured	claim:			
		1 and Debtor 2 only tone of the debtors and an	nathar	Domestic support obligations				
	_	if this claim is for a cor		Taxes and certain other debts yo	-			
			minumity dept	Claims for death or personal injurintoxicated	ry while you were			
	Is the clai	m subject to offset?		Other Specify				
	Yes							
.2	e remember to the transfer and	n gemennen zen erentzen terenetze eta mitzet vorte mitzeten kontroller territzetek eta esta batarra kantzertek E		TO COME TO BE STONE CONTROL OF STREET AND STONE SALVES BY STREET AND STREET WAS A THE SOUND TO BE AND SOUND SE				
	Priority Credi	tor's Name		Last 4 digits of account number		\$. \$	\$
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	Number	Street		As of the date you file, the claim	is: Check all that apply			
			 	Contingent	ia. Officer an inar appry	,		
	City	State	ZIP Code	Unliquidated				
	•	rred the debt? Check one		☐ Disputed				
	Debtor			Tuna as ppiopitty	. l			
	Debtor	•		Type of PRIORITY unsecured of	ciaim:			
		1 and Debtor 2 only		Domestic support obligationsTaxes and certain other debts yo	u ava the servers			
		one of the debtors and an		Claims for death or personal injur				
	☐ Check	if this claim is for a cor	mmunity debt	intoxicated	y wine you wele			
	Is the claim No Yes	m subject to offset?		Other. Specify				

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Fill in this i	nformation to identify your case:				
Debtor 1	JOANN CI	UNNINGHAM			
	First Name Middle Name	Last Name			
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name			
	Bankruptcy Court for the: Northern District				
Case number					ck if this is an
(If known)				ame	nded filing
Official I	Form 106E/F				
Sched	ule E/F: Creditors W	ho Have Unsecured Clain	15		12/15
List the other A/B: Property creditors with needed, copy	r party to any executory contracts or u y (Official Form 106A/B) and on <i>Sched</i> h partially secured claims that are liste	1 for creditors with PRIORITY claims and Part 2 for inexpired leases that could result in a claim. Also lisule G: Executory Contracts and Unexpired Leases (On in Schedule D: Creditors Who Have Claims Secure the entries in the boxes on the left. Attach the Continumber (if known).	st executory cor Official Form 10 ed by Property.	ntracts on S 6G). Do not If more spa	chedule include any ce is
Part 1: Li	ist All of Your PRIORITY Unsecur	ed Claims			
1. Do any ci	reditors have priority unsecured claims	s against you?			
U No. Ge ✓ Yes.	o to Part 2.				
List all of each clain nonpriority unsecured	n listed, identify what type of claim it is. If y amounts. As much as possible, list the of d claims, fill out the Continuation Page of	editor has more than one priority unsecured claim, list the a claim has both priority and nonpriority amounts, list the claims in alphabetical order according to the creditor's na Part 1. If more than one creditor holds a particular claim instructions for this form in the instruction booklet.)	at claim here and ame. If you have	i show both more than to	priority and wo priority
(rui ali ex	chanation of each type of claim, see the i	instructions for this form in the instruction bookiet.)	Total claim	Priority	Nonpriority
			LEWING STATES	amount	amount
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Priority Cre	editor's Name	Last 4 digits of account number	Φ	•	_ v
***************************************		When was the debt incurred?			
Number	Street	As of the date you file, the claim is: Check all that apply			
		Contingent			
City	State ZIP Code	Unliquidated			
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Debto	or 1 only		•		
☐ Debto	or 2 only	Type of PRIORITY unsecured claim:			
	or 1 and Debtor 2 only	Domestic support obligations			
📮 At lea	st one of the debtors and another	Taxes and certain other debts you owe the government			
	k if this claim is for a community debt	Claims for death or personal injury while you were intoxicated			
is the cla	aim subject to offset?	Other. Specify			
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and the second s	a del militarión de emparte de medales pod de depeta ya mar extrement libritarios proposados podros podros proposados proposados proposados podros podros proposados podros podro	erones oderna delator doministrativa i senso at monta dom 1900 i sub-1 i o de tre 1900, at Abel millione Delater, adicione, discost del adiciones del adicio			
.2 Priority Cre	ditor's Name	Last 4 digits of account number	\$	\$	_ \$
Fliolity Cre	allo s water	When was the debt incurred?			
Number	Street	A - of the date was file the states in Charlest the camb			
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
City	State ZIP Code	Unliquidated			
	urred the debt? Check one.	☐ Disputed			
Debto		Type of PRIORITY unsecured claim:			
☐ Debto	•	Domestic support obligations			
	or 1 and Debtor 2 only	Taxes and certain other debts you cwe the government			
	st one of the debtors and another	Claims for death or personal injury white you were			
	k if this claim is for a community debt	intoxicated			
is the cla	aim subject to offset?	Other. Specify			

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Fill i	n this ir	iformation to ident	ify your case:					
Debto	or 1	JOANN	CI	UNNINGHAM				
Debte	, ,	First Name	Middle Name	Last Name				
Debto (Spout		First Name	Middle Name	Last Name •	—			
Unite	d States	Bankruptcy Court for th	ne: Northern District	of Illinois	***************************************			
			TO THE PROPERTY OF				☐ Che	eck if this is an
(If kno	number own)						ame	ended filing
Offic	cial F	orm 106E/	F					
Sch	hedi	ule E/F: C	reditors V	Vho Have Uns	secured Clain	ns		12/15
List th A/B: P credite neede	e other Property ors with d, copy Iditiona	party to any execu (Official Form 106) partially secured	atory contracts or unitarity and on Scheduler and on Scheduler and case number	,	d result in a claim. Also li s and Unexpired Leases (s Who Have Claims Secur	st executory co Official Form 1 red by Property	ontracts on 3 06G). Do no v. If more spa	Schedule t include any ace is
Bellio, (C)								
∠	. *	editors have priorit to Part 2.	ly unsecured claim	s against you?				
2. Lis eac nor uns	st all of ch claim npriority secured	listed, identify what amounts. As much claims, fill out the C	type of claim it is. If as possible, list the continuation Page of	reditor has more than one pr a claim has both priority and claims in alphabetical order a Part 1. If more than one cre- instructions for this form in th	d nonpriority amounts, list the according to the creditor's n ditor holds a particular claim	at claim here ar ame. If you hav	nd show both e more than i	priority and two priority
•						Total claim	Priority	Nonpriority
						22,242,773,473,477	amount	amount
2.1		All and the second seco		Last 4 digits of account n	umber	\$	\$	\$
P	norty Cret	ditor's Name		When was the debt incur	red?			
N	lumber	Street						
					e claim is: Check all that apply	1.		
Ĉ	ity	Şı	tate ZIP Code	Contingent Unliquidated				
W	Vho incu	irred the debt? Chec	k one.	Disputed				
_	Debtor	•		·				
	Debtor	r 2 only r 1 and Debtor 2 only		Type of PRIORITY unse				
_		r 1 and Deptor 2 only st one of the debtors an	another	Domestic support obligat				
		k if this claim is for a		Taxes and certain other	debts you owe the government			
le	the cla	im subject to offset?	,	intoxicated	onal rijury write you were			
] No	ms subject to ondet.	•	Other. Specify	· · · · ·			
	Yes	en (Al-A-1-A) - Klamanak 26 met Nahib bash 36 Metaar Bakar Hamiliah da K	en action have be a new enterprise for the property of the edge of the control of	om delengan kanandar 1800 og andre omderen handete ingende av Valenge in en skalderen i v	u, v non estantement was a l'hateried na et éta semenam a sida abidativitation		halostera il alcondo sul efecto del con con	terent bojedeter, monte er mine i m. m.
2.2					umber			
Pi	nority Cred	titor's Name		When was the debt incur		Ψ	- ¥	\$
N	umber	Street		As of the date you file, the	e claim is: Check all that apply	<i>.</i>		
_				Contingent				
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	Debtor Debtor	•		Type of PRIORITY unse	cured claim:			
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	_	st one of the debtors an	nd another		debts you owe the government			
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		im subject to offset	•	intoxicated Other, Specify				
	1 Ma	-						

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F	ill in this in	formation to identify your case						
٥	ebtor 1	JOANN	CUNN	INGHAM				
	•	First Name Middle Nat	me	Last Name				
	ebtor 2 Spouse, if filing)	First Name Middle Na	me	Last Name				
U	nited States I	Bankruptcy Court for the: Northern D	District of Illi	nois			_	
	ase number							ck if this is an ended filing
	- Kilowii)				J			
0	fficial F	orm 106E/F						
S	chedu	ule E/F: Creditor	s Wh	Have Unsec	ured Clain	ns		12/15
Lis A/E cre nec any	t the other 3: Property ditors with eded, copy y additiona	te and accurate as possible. Us party to any executory contract (Official Form 106A/B) and on partially secured claims that a the Part you need, fill it out, nut pages, write your name and cost All of Your PRIORITY Uns	its or unex Schedule (ire listed in imber the e ase numbe	pired leases that could result in the could result in the could result in the could result in the least the could result in the least i	lt in a claim. Also li: Unexpired Leases (Have Claims Secur	st executory co Official Form 1 red by Property	ontracts on \$ 06G). Do not /. If more spa	Schedule i include any ace is
1.	Do any cr	editors have priority unsecured	l claims ag	iinst you?				
	No. Go	to Part 2.						
	Yes.	your priority unsecured claims	If a credite	r has more than one priority u	needured claim list th	ne creditor sens	rately for eac	h claim For
2.	each claim nonpriority unsecured	listed, identify what type of claim amounts. As much as possible, li claims, fill out the Continuation P	it is. If a cla ist the claim age of Part	im has both priority and nonp s in alphabetical order accord 1. If more than one creditor he	riority amounts, list th ing to the creditor's n olds a particular claim	at claim here a ame. If you hav	nd show both e more than t	priority and wo priority
	(For an ex	planation of each type of claim, se	ee the instru	ctions for this form in the instr	uction booklet.)	Total claim	Priority	Nonpriority
r	7					NEWS YES SEE	amount	amount
2.1			La	st 4 digits of account number		\$	_ \$	\$
:	Priority Cred	ditor's Name	w	hen was the debt incurred?				
	Number	Street						
			A:	of the date you file, the clain	is: Check all that apply	1		
•	City	State ZIP Coo	re e	Contingent				
	-	urred the debt? Check one.		Unliquidated				
	Debto		<u> </u>	Disputed				
	Debtor	•	Ty	pe of PRIORITY unsecured	claim:			
	Debtor	r 1 and Debtor 2 only		Domestic support obligations				
	At leas	st one of the debtors and another		Taxes and certain other debts y	ou owe the government			
1	☐ Checl	k if this claim is for a community	debt	Claims for death or personal inju	ıry while you were			
	Is the cla	im subject to offset?		intoxicated				
	☐ No		L	Other. Specify	······································	_		
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2.2]		L	st 4 digits of account number		\$	_ \$	\$
	Priority Cred	ditor's Name	w	hen was the debt incurred?				
	Number	Street	··········					
	***************************************			of the date you file, the clain	is: Check all that apply	<i>į</i> .		
				Contingent				
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	Debtor	•	T	pe of PRIORITY unsecured	claim:			
	Debtor	r 2 only r 1 and Debtor 2 only		Domestic support obligations				
		st one of the debtors and another		Taxes and certain other debts y				
		k if this claim is for a community	debt	Claims for death or personal injuintoxicated	ary while you were			
	Is the cla No Yes	im subject to offset?		Other. Specify		-		

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Document **JOANN CUNNINGHAM** Debtor 1 Case number (if known) Your PRIORITY Unsecured Claims - Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount 2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes 2.4 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code ☐ Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes 2.4 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other. Specify Is the claim subject to offset?

☐ No ☐ Yes Case 17-29546

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Desc Main

Debtor 1

JOANN

ANN

CUNNINGHAM

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim **Priority** Nonpriority amount amount 2 Last 4 digits of account number _____ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? No No ☐ Yes 2.4 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Q Yes 2.4 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code ☐ Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated ☐ Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes

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Debtor 1

JOANN First Name

Middle Name

CUNNINGHAM Last Name

Case number (if known)_

ter listing any entries on this page, number then	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
	Last 4 digits of account number	\$	\$	\$
Priority Creditor's Name	Last 4 digits of account number			and the second s
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.	Type of DDIADITY uncocured claim:			
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
☐ Check if this claim is for a community debt	 Claims for death or personal injury while you were intoxicated 			
Check if this claim is for a community dept	Other. Specify			
Is the claim subject to offset?	•			
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☐ Yes	•			
A visitional entrangened filter filt spraches property of special special designation of the special s	the Body Historia (2001). Extracting freezon metric sector (2004), and metric of 1 10 1 10 10 10 10 10 10 10 10 10 10 10	•	æ	\$
Priority Creditor's Name	Last 4 digits of account number	Φ	. Ф	- _{\$}
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury white you were			
☐ Check if this claim is for a community debt	intoxicated			
	Other. Specify			
Is the claim subject to offset?				
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		santo de la companya	and the second s	
	Last 4 digits of account number	\$	\$	_ \$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
Hambs. Clock	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
City State ZIP Code	Disputed			
Who incurred the debt? Check one.	•			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify	1 × × 6 25 × Month Consider via Manches for	ang mengang ang melikan ng melikan samunian samun	y et mand egenga overnen et terretoriet
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Is the claim subject to offset?				
☐ No				

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Debtor 1

JOANN First Name

CUNNINGHAM

Case number (if known)_

Afte	r listing any entries on this page, number then	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
2 6		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	cast 4 digits of account number	¥	*	
	Number Street	When was the debt incurred?			
	Number Street	A settle day of the state of th			
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	Domestic support obligations			
	☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
		☐ Claims for death or personal injury while you were intoxicated			
	Check if this claim is for a community debt	Other. Specify			
	Is the claim subject to offset?				
	□ No				
	☐ Yes				
	$-\frac{1}{2} \left(\frac{1}{2} $	1.000000000000000000000000000000000000	collingual College of College	esens seselvos austras santa a	hypelikepinego (f. 1820) zoesten zoes 1850 zoesten zoe
.4		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name	Last 4 digits of account number	·		
		When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
		☐ Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury while you were			
	Check if this claim is for a community debt	intoxicated			
	•	Other. Specify			
	Is the claim subject to offset?				
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	Priority Creditor's Name	Last 4 digits of account number	\$	\$	<u> </u>
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		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	Unliquidated			
	Oldie Zir odde	Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government			
	At least one of the debtors and another	Claims for death or personal injury white you were			
	Check if this claim is for a community debt	intoxicated	er di Cris estantinational association (Caralle Calledon o	ilandra Catalante (a de la comincia de	entirezzaren etako arrentzirilaren 115 dizi eta 116 dizirilaren 1
	which will be to a community webt	Other. Specify			
	Is the claim subject to offset?				
	□ No				
	□ Yes				

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Desc Main

Debtor 1

JOANN First Name

CUNNINGHAM

Case number (if known)

After listing any entries on this page, number the	m beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriorit amount
2				
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated Disputed			
Who incurred the debt? Check one.	a disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes				
2.4	VALUE (1971)		•	
Priority Creditor's Name	Last 4 digits of account number	\$. \$	\$
	When was the debt incurred?			
Number Street				
4. 24. 44.44.44.44.44.44.44.44.44.44.44.44.4	_ As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	☐ Domestic support obligations ☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset?				
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2.4	Last 4 digits of account number	\$. \$	\$
Priority Creditor's Name				
Number Street	When was the debt incurred?			
Name of the second	As of the date you file, the claim is: Check all that apply.			
	-			
City State ZIP Code	Contingent Unliquidated			
Only State Zin Code	Disputed			
Who incurred the debt? Check one.	•			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other depts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify	and the distribution of the American	aan da ka aan dan da ah ah ah ah ah ah ah ah ah	arranga a sagar a masa mana a a biran la na mi
le the claim cubicet to effect?	- Other, opening			
Is the claim subject to offset?				
☐ No ☐ Yes				

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Debtor 1

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Middle Name

CUNNINGHAM

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After listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.		Priority	Nonpriorit
			mount	amount
Priority Creditor's Name	Last 4 digits of account number	\$ \$_		\$
Priority Creditor's Name	When was the debt incurred?			
Number Street	when was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset?				
☐ No ☐ Yes	HEMMOND PARTY TO THE TO THE TOTAL THE THE THE TANK THE TO THE TO THE TOTAL THE THE TOTAL THE THE TANK THE THE TOTAL THE THE TANK THE			
4		\$\$		
Priority Creditor's Name				
Number Street	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
ony State 21 Gode	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	Domestic support obligations			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
At least one of the deptors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset?				
□ No				
Q Yes	HPGP9QDSPMHGGGGGGPPSMcCript Set 9 (rettin 10 tests on Christian College Colleg			
4		- C103-1120-C1 (2001-C10-C40-100-C1-12-00-1-0-21-21-0-21-0-21-0-21-	were some today-discoved university	Perfect from the resource or production
Priority Creditor's Name	Last 4 digits of account number	\$\$		\$
•	When was the debt incurred?			
Number Street	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent☐ Unliquidated			
Only State Air Code	Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government			
	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify	en en home distancemente esta distribui primativa assazzioline di estachi	elas de la Secue la comenza e cana e con	error or dest for or sor dead on a conjung or
Is the claim subject to offset?				
□ No				

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Debtor 1

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Case number (if known)

Part 2: **List All of Your NONPRIORITY Unsecured Claims** 3. Do any creditors have nonpriority unsecured claims against you? oxdot No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street City As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other Specify ☐ Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify ☐ No Yes Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. State ZIP Code Contingent Who incurred the debt? Check one. ☐ Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other. Specify_ ☐ Yes

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Case number (if known)

Part 24 List All of Your NONPRIORITY Unsecured Claim	ns	
s. Do any creditors have nonpriority unsecured claims against y		
☐ No. You have nothing to report in this part. Submit this form to ☐ Yes		
List all of your nonpriority unsecured claims in the alphabetic nonpriority unsecured claim, list the creditor separately for each claincluded in Part 1. If more than one creditor holds a particular claim claims fill out the Continuation Page of Part 2.	aim. For each claim listed, identify what type of claim it is. Do no	t list claims already
_		Total claim
	Last 4 digits of account number	
Nonphority Creditor's Name	When was the debt incurred?	\$
Number Street		
City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
111 ·	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	Disputed	
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another		
— At least one of the deptors and allother	Student loans	
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	j
□ No	Other. Specify	
Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		
•	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	C Disputed	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
~	Obligations arising out of a separation agreement or divorce	
☐ Check if this claim is for a community debt	that you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
□ No	Other. Specify	
U Yes - 10-10-10-10-10-10-10-10-10-10-10-10-10-1		es Mariana proceso a como a terra de como e a c
	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	\$
	when was the deprincured?	
Number Street		
City State ZIP Code	— As of the date you file, the claim is: Check all that apply.	
·	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
Is the claim subject to offset?	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
□ No	Other. Specify	

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Case number (if known)

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List All of Your NONPRIORITY Unsecured Claims

	237 237 237 237 707 707 707 707 707	recured Ore		
3.	Do any creditors have nonpriority unsecured c	laims agains	st vou?	
	☐ No. You have nothing to report in this part. Sul	•	•	
	Yes	MING CHS TOTAL	to the court with your other schedules.	
	— 733			
4.	List all of your nonpriority unsecured claims in	the alphabe	tical order of the creditor who holds each claim. If a creditor ha	s more than one
	nonpriority unsecured claim, list the creditor separa	ately for each	claim. For each claim listed, identify what type of claim it is. Do no	t list claims already
		a particular cl	aim, list the other creditors in Part 3.If you have more than three no	inpriority unsecured
	claims fill out the Continuation Page of Part 2.			
				Total claim
1				
'	turn to the state of the state		Last 4 digits of account number	•
	Nonpriority Creditor's Name		When was the debt incurred?	a
			when was the dept incomed:	•
	Number Street			
			As of the date was 61s, the above to 61s at 100s.	
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
			☐ Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		Disputed	
	Debtor 2 only			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	-
	At least one of the debtors and another		☐ Student loans	•
	Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	,
	□ No		Other. Specify	'
	☐ Yes		Office. Opening	
2			Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Number Street	·····	********	i
			As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	D and in the	•
			☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		Disputed	
	Debtor 1 only		Uisputed	
	Debtor 2 only		Type of MONDDIODITY upper used alaims	
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce	•
	•		that you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	□ No		Other. Specify	
	Yes			i
,]				akatatanan karatatan ang ak-karatanan karaman ng anatag matag menang men
	Nonpriority Creditor's Name		Last 4 digits of account number	\$
	Nonphonty Circuio: 5 Name		When was the debt incurred?	T
	A			
	Number Street			
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.	:
	Ony State	ZIF Code	[] a-x	:
	Who incurred the debt? Check one.		Contingent Unliquidated	:
	Debtor 1 only			:
	Debtor 2 only		☐ Disputed	
	Debtor 1 and Debtor 2 only		Tune of MONIDDIODITY	
	At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
			Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce	:
	Is the claim subject to offset?		that you did not report as priority claims	
	□ No		Debts to pension or profit-sharing plans, and other similar debts	
	Yes		Other. Specify	İ
				:

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Case number (if known)_

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List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the Yes		
	List all of your nonpriority unsecured claims in the alphabetical on nonpriority unsecured claim, list the creditor separately for each claim, included in Part 1. If more than one creditor holds a particular claim, list claims fill out the Continuation Page of Part 2.	For each claim listed, identify what type of claim it is. Do not	list claims already
			Total claim
1		Last 4 digits of account number	
	Nonpriority Creditor's Name		\$
	Number Street	When was the debt incurred?	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other, Specify	
	Yes		
2	***************************************	Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
			!
	Number Street	As of the date you file, the claim is: Check all that apply.	:
	City State ZIP Code	Contingent	:
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	;
		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	:
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	☐ No	Other. Specify	
	Yes		
3	TO THE PROPERTY OF THE PROPERT		distribution (man de la commissión de la commencia de la commencia de la commencia de la commencia de la comme
لـــا	Nonpriority Creditor's Name	Last 4 digits of account number	\$
	Nonpriority Creator's Name	When was the debt incurred?	
	Number Street		:
			:
	City State ZiP Code	As of the date you file, the claim is: Check all that apply.	į
	Miles becomed the debt O Office	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	:
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
		that you did not report as priority claims	:
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	Yes		

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Debtor 1

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Case number (if know

Par	t 21 List All of Your NONPRIORITY Uns	ecured Claims		
3	Do any creditors have nonpriority unsecured c	laims against you	>	
	☐ No. You have nothing to report in this part. Sub			:
ı	✓ Yes	•		
r i	nonpriority unsecured claim, list the creditor separa	ately for each claim	rder of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three not	list claims already
				Total claim
4.1			Last 4 digits of account number	:
-	Nonpriority Creditor's Name			\$
	Number Street		When was the debt incurred?	
	Multiper Street			
	City State	ZIP Code	As of the date you file, the claim is: Check all that apply.	
			Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
1	Debtor 2 only			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce	
	•		that you did not report as priority claims	i
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
ï	□ No		Other. Specify	
1	Yes			:
4.2		and the second of the second s	Last 4 digits of account number	\$
	Nonpriority Creditor's Name		When was the debt incurred?	
	tionphotis, ordana original		The state of the s	
	Number Street			
			As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		Disputed	
	Debtor 2 only			
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		☐ Student loans	
			Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt		that you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	:
	□ No		Other, Specify	:
	Yes		NEE BY NEIDEN MEE NEED NEED NEED NEED HEER EEN VAN ALAUNAINA DUNING VER GAMNYN NEED NEED NEW YN ALEED NA ALAUNAINA DUNING VER GAMNYN NEED NEW YN ALEED NA ALAUNAINA DUNING VER GAMNYN NEED NEW YN ALEED NA ALAUNAINA DUNING VER GAMNYN NEED NEED NEED NEED NEED NEED NEED N	
4.3	3 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	entraction of a first control of the state o		Application for the form of the control of the section of the control of the cont
<u></u>	Nonpriority Creditor's Name		Last 4 digits of account number	\$
			When was the debt incurred?	
	Number Street			
:			As of the date you file, the claim is: Check all that apply.	:
	City State	ZIP Code	· · · · · · · · · · · · · · · · · · ·	:
:	Who incurred the debt? Check one.		Contingent	
:	Debtor 1 only		Unliquidated	
:	Debtor 2 only		☐ Disputed	
:	Debtor 1 and Debtor 2 only		In Chickenson Co.	
i	At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
			Student loans	
	Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce	ĺ
	Is the claim subject to offset?		that you did not report as priority claims	
	□ No		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	Yes		Other. Specify	

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Debt	or 1

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Case number (if known)

Par	List All of Your NONPRIORITY Unse	cured Claims				
	Do any creditors have nonpriority unsecured clains. No. You have nothing to report in this part. Submud Yes					
ı i	List all of your nonpriority unsecured claims in the nonpriority unsecured claim, list the creditor separate included in Part 1. If more than one creditor holds a palaims fill out the Continuation Page of Part 2.	ely for each clain	n. For each claim listed, identify wha	at type of claim it is. Do no	t list clain	ns already
					T-4-3	alafa.
					Total	ciaim
.1	AMAZON/SYNCHRONY BANK		Last 4 digits of account number	<u>7 6 6 1</u>		790.00
	Nonpriority Creditor's Name		When was the debt incurred?	07/13/2017	Ψ	
	PO BOX 965013 Number Street					
	ORLANDO FL	32896				
		ZIP Code	As of the date you file, the claim	is: Check all that apply.		,
			☑ Contingent			
	Who incurred the debt? Check one.		Unliquidated			
	Debtor 1 only		☐ Disputed			
	Debtor 2 only					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another		Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a separ that you did not report as priority			
	Is the claim subject to offset?		Debts to pension or profit-sharing		S	
	☑ No		Other Specify CREDIT CA			
	Yes					
\neg				0 O A E		550.00
2	1ST LOANS/QC FIANCIAL SEVICES IN	<u>C</u>	Last 4 digits of account number	8 9 4 5 07/24/2017	\$	330.00
	Nonpriority Creditor's Name		When was the debt incurred?	0112412011		
	1916 S 95 STREET Number Street					
	CHICAGO IL	60617	As of the date you file, the claim	is: Check all that apply.		
		ZIP Code	□ Contingent			
	Who incurred the debt? Check one.		Unliquidated			
	Debtor 1 only		Disputed			
	Debtor 2 only					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another		Student loans			
	☐ Check if this claim is for a community debt		Obligations arising out of a separ			
	·		that you did not report as priority Debts to pension or profit-sharing			
	Is the claim subject to offset?		Other Specify LOAN	, prairie, and only animal depth	•	
	Yes					
		es de 1960 e 1961 - Goldschuld Walton I. N. St. of the La		en menut entre tratte tre dettat en datuelte datuelte datuelte anna entre entre al	kannanga atau sa ma	vaner var revarra Heika, ra rear vae ak
3	CITI/EXPEDIA CARD		Last 4 digits of account number	<u>3 5 9 7</u>	\$	2,846.00
	Nonpriority Creditor's Name		When was the debt incurred?	07/16/2017	Ψ	
	PO BOX 6004 Number Street					
	SIOUX FALLS SD	57117				
		ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	Who incurred the debt? Check one.					
	Debtor 1 only		Unliquidated			
	Debtor 2 only		☐ Disputed			
	Debtor 1 and Debtor 2 only		Tune of MONDDIOPITY	rod claim:		
	At least one of the debtors and another		Type of NONPRIORITY unsecu	reu Ciaini.		
	☐ Check if this claim is for a community debt		Student loans			
	·		Obligations arising out of a separ that you did not report as priority	ation agreement or divorce claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing		;	:
	✓ No ☐ Yes		Other. Specify CREDIT CA	RD		

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Case number (#known)_

· NONPRIORITY Unsecured Claims — Continuation Pa

Y BANK		Last 4 digits of account number 3 1 4 7	\$ 3,124.00
	•	When was the debt incurred? 07/07/2017	
GA	30353	As of the date you file, the claim is: Check all that apply.	
State one.	ZIP Code	Contingent Uniquidated Disputed	
		Type of NONPRIORITY unsecured claim:	
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		Other Specify CREDIT CARD	
RY CARE	r de Languer Herrin France Promit et ar d'en en Live et en Leve	Last 4 digits of account number 8 2 5 0	\$ 207.00
		When was the debt incurred? 06/17/2017	
IL	60601	As of the date you file, the claim is: Check all that apply.	
State one.	ZIP Code	Contingent Untiquidated Disputed	
		Type of NONPRIORITY unsecured claim:	
		Obligations arising out of a separation agreement or divorce that	
community debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL BILL	
\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	volkelj av aktjusyti krykelkoj 25 aktjes av lik 25 k 2-iks 1-iks 1-i	yn ganddalogar leingrog y 2000 o 100 o	
·········		Last 4 digits of account number X X	\$_7,515.00
·····		When was the debt incurred?	
DE	19850	As of the date you file, the claim is: Check all that apply.	
State one.	ZIP Code	Contingent Unliquidated Disputed	
		Type of NONPRIORITY unsecured claim:	
another		Student loans Obligations arising out of a separation agreement or divorce that	
community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD	
	State one. I another community debt RY CARE SUITE #1605 IL State one. another community debt	GA 30353 State ZIP Code One. I another community debt IL 60601 State ZIP Code One. DE 19850 State ZIP Code one. another community debt DE 19850 state ZIP Code one.	When was the debt incurred? O7/07/2017 As of the date you file, the claim is: Check all that apply Contingent

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Debtor 1

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Case number (if known)

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м	÷	м	d	h	и

r listing any entries on this pa	age, number the	m beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
ONE MAIN			Last 4 digits of account number 3 1 9	\$_1,983.0
Nonpriority Creditor's Name 3641 E 106TH STREET			When was the debt incurred? 07/17/2017	
Number Street CHICAGO	IL	60617	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check	State one.	ZIP Code	Contingent Unliquidated Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a c Is the claim subject to offset? ☑ No	community debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify PAYDAY LOAN	
Yes	ant and the state of the state		Last 4 digits of account number 2 6 6 7	s 1,229.0
MY BEST BUY CARD/C Nonpriority Creditor's Name PO BOX 78009			When was the debt incurred? 07/04/2017	\$ <u>1,220.01</u>
Number Street	A =	05000	As of the date you file, the claim is: Check all that apply.	
PHOENIX City Who incurred the debt? Check of	AZ State	85062 ZIP Code	Contingent Unliquidated	
Debtor 1 only Debtor 2 only			Disputed Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and	another		Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a c Is the claim subject to offset? ☑ No	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CREDIT CARD	
Yes	Ornalization Construction to the State of Department of State of S	an warnen vertrande en endad produktion en endad produktion en		s 52.0
UNIVERSITY OF ILLINO Nonpriority Creditor's Name	IS HOSPITAL	<u>. </u>	Last 4 digits of account number 6 8 2 5	\$
7754 SOLUTION CENTE	ER		When was the debt incurred? 07/06/2017	
CHICAGO	<u>L</u>	60677	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Check o	State one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and a	another		Student loansObligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL	
¥ZINO DiYes				

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Debtor 1

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Case number (if known)_

Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	r listing any entries on this page, number then	beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
đ	CITICARD Nonpriority Creditor's Name		Last 4 digits of account number X X X X	\$_4,636.0
	PO BOX 6241		When was the debt incurred? 07/17/2017	
	Number Street SIOUX FALL SD	57117	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	•		Debts to pension or profit-sharing plans, and other similar debts	,
	is the claim subject to offset?		☑ Other Specify CREDIT CARD	
	Yes	agyangangan gangan gandan yang gangganggan an har ya ya k		
đ	PAYPAL/SYNCB		Last 4 digits of account number X X X X	s_3,181.0
	Nonpriority Creditor's Name		When was the debt incurred? 07/04/2017	
	PO BOX 965005 Number Street			
	ORLANDO FL	32896	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only		was Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset? ☑ No		☑ Other Specify CREDIT CARD	
	☐ Yes	an marin mend anegodine dan side side side side side side side side	Militar Militar St.	an and the second se
	HOME DEPOT/CBNA		Last 4 digits of account number X X X X	_{\$1,128.00}
	Nonpriority Creditor's Name	· · · · · · · · · · · · · · · · · · ·	When was the debt incurred? 07/06/2017	
	PO BOX 6497 Number Street			
	SIOUX FALLS SD	57117	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans	
	_		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	ls the claim subject to offset? ☑ No ☑ Yes		Other. Specify MEDICAL	

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Debtor 1

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CUNNINGHAM

Case number (if known)_

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Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, numl	ber them beginning wit	n 4.4, lonowed by 4.5, and so forth.	Total claim
VICTORIA SECRET		Last 4 digits of account number X X X	_{\$} 737.0
Nonpriority Creditor's Name PO BOX 182789		When was the debt incurred? 07/17/2017	
Number Street COLUMBUS (OH 43218	As of the date you file, the claim is: Check all that apply.	
	ate ZIP Code	Contingent	
Who incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 aniy		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	/ debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other. Specify CREDIT CARD	
☑ No ☑ Yes			
MACY'S DEPARTMENT STORE		Last 4 digits of account number X X X X	s <u>1,130.0</u>
ionpriority Creditor's Name PO BOX 8218		When was the debt incurred? 07/04/2017	
Jumber Street		An of the defendant of the first transfer	
	OH 45040	As of the date you file, the claim is: Check all that apply.	
City St	ate ZIP Code	Contingent	
Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only		- Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other. Specify CREDIT CARD	
2 No ⊇ Yes			
ent, entritant alla anatha por entrita per la della especialistica di antica della especialistica della especialis	tanggari Abarrasa da maraka naga erakembaraka da da kasa kasa kenada kasa kasa kasa kasa kasa kasa kasa k	Last 4 digits of account number X X X	\$ 222.00
FARGET/TD BANK Ionpriority Creditor's Name		07/00/047	
PO BOX 673		When was the debt incurred? 07/06/2017	
	IN 55440	As of the date you file, the claim is: Check all that apply.	
ity Sta	ite ZIP Code	Contingent	
Vho incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only		Amil Dishared	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community	debt	you did not report as priority_claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?		Other. Specify MEDICAL	
1 No			
☐ Yes			

Official Form 106E/F

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Case number (if known)_

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this pag	e, number th	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total clair
RESCO/RISECSO			Last 4 digits of account number X X X X	\$_3,738.0
lonpriority Creditor's Name 4150 INTERNATIONAL P	LAZA, SUI	TE #300	When was the debt incurred? 07/17/2017	
lumber Street FORT WORTH	TX	76109	As of the date you file, the claim is: Check all that apply.	
lity	State	ZIP Code	Contingent	
			Unliquidated	
Vho incurred the debt? Check on	e.		☐ Disputed	
Debtor 1 only Debtor 2 only			. Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only			<u></u>	
At least one of the debtors and ar	noth e r		Student loansObligations arising out of a separation agreement or divorce that	
Check if this claim is for a co	mmunitu daht		you did not report as priority claims	
	minumity uebi		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?			Other Specify CREDIT CARD	
☑ No ☑ Yes				
ayan, si mahaya a ayan afii ay in yanga a silan karka idha, iniha 11 m, a a mid ilisha kilaka kilaka aya ak is	estante inno i en el solo esna sinúa, solo ise	engananangan terpetak sa anangan kangan kanangan kanan (ito anan	t is the time is the state of the state and	na maga gamag sagamag sa na na
PORTFOLIO RECOVERY	/CAPITAL	ONE	Last 4 digits of account number X X X X	s <u>666.</u>
onpriority Creditor's Name			When was the debt incurred? 07/04/2017	
120 CORPORATE BLVD,	SUITE #10	00		
NORFOLK	VA	23502	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Who incurred the debt? Check on	_		Unliquidated	
	e.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			<u></u>	
At least one of the debtors and ar	other		 Student !oans Obligations arising out of a separation agreement or divorce that 	
Check if this claim is for a co	mmunity daht		you did not report as priority claims	
	minumey desc		Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?			Other Specify CREDIT CARD	
ã No ĴYes				
a paramana na na mana mana mana na man	Construction of a tip fact our many product	and the state of t	т семент в се вого том стани павот се поседова вына реживанено могра на временение режина и протодущи, и в седо	_{\$} 1,377.
OS CCA/AT&T		 	Last 4 digits of account number X X X X	
onpriority Creditor's Name			When was the debt incurred? 07/06/2017	
PO BOX 981008 umber Street				
BOSTON	MA	02298	As of the date you file, the claim is: Check all that apply.	
ity	State	ZIP Code	Contingent	
Who incurred the debt? Check on	•		Unliquidated	
	ʊ .		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and an	other		 Student loans Obligations arising out of a separation agreement or divorce that 	
Check if this claim is for a co	mmunity deht		you did not report as priority claims	
			Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			Other. Specify UTILITY	
u No				

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Debtor 1

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Case number (if known)_

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Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, nu	ımber the	em beginning with	4.4, followed by 4.5, and so forth.	To	tal claim
Ó	XPRESS/ACCOUNT RECEIV Nonpriority Creditor's Name	ABLE (COLLECTION	Last 4 digits of account number X X X X	\$	153.0
	PO BOX 42220 DEPT B			When was the debt incurred? $\frac{07/17/2017}{}$		
	Number Street CINCINATTI City	OH State	45242 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent		
	Who incurred the debt? Check one. Debtor 1 only			Unliquidated Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? In No Yes			Other. Specify CREDIT CARD		
â	COMMONWEALTH FINANCE	E/COTT	AGE ER	Last 4 digits of account number X X X X	\$	83.00
	Nonpriority Creditor's Name 245 MAIN STREET		·····	When was the debt incurred? $07/04/2017$		
	Number Street DICKSON CITY	PA	18519	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans		
	At least one of the debtors and anotherCheck if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☑ No □ Yes			Debts to pension or profit-sharing plans, and other similar debts Other. Specify HOSPITAL BILL		
	COMED	austra as eogad a éais tríús casimó	etalenakerik Kumushik elikorika kilonika kerikerik enabel Nisaberik erabik bilat tirili.	Last 4 digits of account number $\frac{X}{X}$ $\frac{X}{X}$ $\frac{X}{X}$	\$	987.00
	Nonpriority Creditor's Name PO BOX 6111		· · · · · · · · · · · · · · · · · · ·	When was the debt incurred? $\frac{07/06/2017}{}$		
	Number Street CAROL STREAM	IL.	60197	As of the date you file, the claim is: Check all that apply.		
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed		
	Debtor 1 only Debtor 2 only	,		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loansObligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commu Is the claim subject to offset?	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify UTILITY		
	✓ No Yes			W Other, Specify Official		

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Debtor 1

JOANN

CUNNINGHAM

Case number (if known)

List Others to Be Notified About a Debt That You Already Listed

iditional creditors here. If you do not have additional p	have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ersons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	
Number Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Part 2: Creditors with Nonpriority Unsecured Claim
	Last 4 digits of account number
City State ZIP Code	ekterkinisteri berita i tara ana aramatara managan mengan kerangan mengan mengan mengan aramatan dan dan dan d Tarah
vame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
Dity State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
an re	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
Sity State ZiP Code	Last 4 digits of account number
âme	On which entry in Part 1 or Part 2 did you list the original creditor?
latie	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
Sity State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
ame	
lumber Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Garager Garager	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
State ZIP Code	
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
iumber Street	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
ity State ZIP Code	
ame	On which entry in Part 1 or Part 2 did you list the original creditor?
umber Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number

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Debtor 1

JOANN First Name

CUNNINGHAM

Case number (if known)

ist Others to Be Notified About a Debt That You Already Listed

xample, if a collection agency is trying to collect from , then list the collection agency here. Similarly, if you	pout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For m you for a debt you owe to someone else, list the original creditor in Parts 1 or have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	
Number Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Part 2: Creditors with Nonpriority Unsecured Cla
	Last 4 digits of account number
City State ZIP Cod	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Jumber Street	Part 2: Creditors with Nonpriority Unsecured
	Claims Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
KALI IV	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
ity State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Jame	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
	On which entry in Part 1 or Part 2 did you list the original creditor?
lame	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
city State ZIP Code	Last 4 digits of account number
очей от то того того не не не не на постояние или сописование постояние постояние и постояние и постояние и по	e अव्यवस्थानकार्याक विकास का
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Code	Last 4 digits of account number
Name	On which entry in Part 1 or Part 2 dld you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims

State

ZIP Code

Last 4 digits of account number

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Debtor 1

JOANN First Name

CUNNINGHAM

Case number (if known)_

Part 3:

List Others to Be Notified About a Debt That You Already Listed

	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
City State ZIP (Last 4 digits of account number
Oiy State Zir I	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	·····
Number Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
	Claims Part 2: Creditors with Nonpriority Unsecured
City State ZIP (Last 4 digits of account number
чен как интимурую вой посоком колоном контонной провод посокой выстания подового интернациональной выпользован В примете	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
N.L.	Last 4 digits of account number
City State ZIPC	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
ity State ZIPC	Last 4 digits of account number
lame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber Street	Part 2: Creditors with Nonpriority Unsecured Claims
The state of the s	
City State ZIPC	Last 4 digits of account number
Vame	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured Claims
Dity State ZIP C	Last 4 digits of account number
ATTE	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line of (Chack or a): Dort 1: Cradition with Driving Union 101
Number Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number

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Debtor 1

NNAOL

CUNNINGHAM

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional credit ors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ___ ___ ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Last 4 digits of account number ___ ___ On which entry in Part 1 or Part 2 did you list the original creditor? of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ___ __ City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ___ __ __ State On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Street Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _____ On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ cf. (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims

State

ZIP Code

Last 4 digits of account number ____ ___

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Debtor 1

JOANN First Name

CUNNINGHAM

Case number (if known)

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List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional credit ors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ___ __ __ __ ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Last 4 digits of account number ___ ___ ___ City ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ___ ___ State On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number ___ _ City State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number _ State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? Name Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims

City

State

ZIP Code

Last 4 digits of account number _____

Document

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Debtor 1

JOANN

CUNNINGHAM

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5.	Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For
	example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or
	2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the
	additional credit ors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		
Number	Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

		Last 4 digits of account number
City	State ZIP Code	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part.1: Creditors with Priority Unsecured Claims
Number	Street	Part 2: Creditors with Nonpriority Unsecured
	A CONTRACTOR OF THE PROPERTY O	Claims
City	State ZIP Code	Last 4 digits of account number
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	Part 2: Creditors with Nonpriority Unsecured
	The second secon	Claims
City	State ZIP Code	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Constitution of Constitution of the Date o
Number	Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
		Claims
		Last 4 digits of account number
City	State ZIP Code	
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State ZIP Code	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Lines of (Chook analy T) Part 1: Craditors with Princity Hassay and Claims
Number	Street	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
		Claims
City	State ZIP Code	Last 4 digits of account number
Name		On which entry in Part 1 or Part 2 did you list the original creditor?
		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street	Part 2: Creditors with Nonpriority Unsecured Claims
City	State ZIP Code	Last 4 digits of account number

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Debtor 1

NNAOL

CUNNINGHAM

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	† \$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
·	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i.	+ \$	8,661.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	8,661.00

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Debtor 1

JOANN

CUNNINGHAM

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

•			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i.	+ \$	8,661.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	8,661.00

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Debtor 1

JOANN

CUNNINGHAM

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims		\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i.	+ \$	8,661.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	8,661.00

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Debtor 1

CUNNINGHAM

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

		Total clair	n
Total claims	6a. Domestic support obligations	6a. _{\$}	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b. _{\$}	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$</u>	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _{\$}	0.00
	6e. Total. Add lines 6a through 6d.	6e.	0.00
		Total clair	n
Total claims	6f. Student loans	Total clair 6f.	n 0.00
Total claims from Part 2	6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. \$	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority	6f. \$6g. \$	0.00
	 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other 	6f. \$6g. \$	0.00

Doc 1

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Debtor 1

JOANN

Document CUNNINGHAM

Case number (# known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

				Total claim	
Total claims	6a	Domestic support obligations	6a.	\$	0.00
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$	0.00
±	6с	. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
:	6e	Total. Add lines 6a through 6d.	ôe.	\$	0.00
		•		Total claim	
Total claims	6f.	Student loans	6f.	Total claim \$	0.00
Total claims from Part 2		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.		0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority			
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other	6g.		0.00

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Debtor 1

JOANN

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First Name

Middle Name

Last Name

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

				Total claim	
Total claims	6a	. Domestic support obligations	6a.	\$	0.00
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e.	. Total. Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims	6f.	Student loans	6f.	\$	0.00
from Part 2	6g.	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	36,334.00
	6j. '	Total. Add lines 6f through 6i.	6j.	\$	36,334.00

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Fi	ll in this i	nformation	to identify y	our case:	en server et en 1967 (1977) En stant komment et en 1967 (1977)		AA		
De	ebtor	JOANN		CUNNINGH	AM				
De	ebtor 2	First Name		Middle Name	Last Name				
	oouse If filing)			Middle Name	Last Name				
Ur	ited States	Bankruptcy Co	ourt for the: No	orthern District of	Illinois				
	ise number known)	**************************************				****			Check if this is an amended filing
Of	ficial I	orm 10	06G						
	······································			itory Co	ntracts ar	ıd Ur	nexpired Le	ases	12/15
info add 1.0	rmation. I itional pay o you h No. C Yes. I	f more space ges, write you nave any exc check this bo Fill in all of the rately each	ce is needed our name ar ecutory con ex and file this ne information person or c	tracts or unexpi for the contract of the contr	ional page, fill it out, (if known). red leases? ourt with your other so ne contracts or leases	hedules. 'are listed	r, both are equally rest the entries, and attach You have nothing else to on Schedule A/B: Prop	o report on this for erty (Official Form	m. 106A/B).
	example, unexpired	, rent, vehic	le lease, cel	I phone). See th	e instructions for this t	form in the	e instruction booklet for r	more examples of	executory contracts and
	Person o	r company	with whom	you have the co	ntract or lease		State what the cont	ract or lease is f	or
2.1									
	Name		W. 410.4 d		**************************************				
	Number	Street		·					
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2.2	a tang ang sagatan pang ang sagatan		to a the contract was a second contract of the		ter some trescours and policy to consider a solution of			the first character was a state of a second policy of the control	en kontrologis (k. 1886), errorrer errorrer errorrer er errorrer er errorrer er errorrer er errorrer er errorr
7.7	Name	····							
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2.3				ic zir code	entrologica aprilia de la composition		the properties of the control of the properties and a properties and a second order of the control of the contr	e de Colonia de Calenda e de Lacia de Calenda	
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2.4	City		Sta	te ZIP Code	tite the end seems as a most of the control of the		esteras, menges ere ere ere ere ere ere ere ere ere e	New York поветняет как намературатую уста	e transcription and a transcription of the second of t
	Name								
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	City		Sta	te ZIP Code	ntentine vin vis istraves vez vez vez vez vez sistente in el con			en e	
2.5	Name								
	Number	Street			711/4-11-4/				
	City		Stat	te ZIP Code					

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Debtor 1	JOANN First Name	CUNNINGHAM Middle Name Last Name		Case number (# known)
	Additional Pa	age if You Have More Contr	acts or Leases	
Perso	•	ith whom you have the contract		What the contract or lease is for
22				
Name				
Numbe	er Street		****	
City		State ZIP Code		
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Name		***************************************		
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City		State ZIP Code	W	
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Name				
Number	Street		The state of the s	
City		State ZIP Code		
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Name				
Number	Street			
City	····	State ZIP Code		
· · · · · · ·				
Name				
			<i>;</i> ;	
Number	Street		445.00	

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Fill in this informa	tion to identify the case:				
Debtor name JeA	Mi Conninghu	***			
United States Bankrup	otcy Court for the:	District	of		
Case number (if know			(State)		
					☐ Check if this is an
Official Form	n 206H				amended filing
Schedule	H: Codebtors				40145
					12/15
the Additional Page	accurate as possible. If meto this page.	ore space is needed,	copy the Additional	Page, numbering the enti	ies consecutively. Attach
1. Does the debtor	r have any codebtors?				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	nis box and submit this form t	to the court with the de	otor's other schedule:	s. Nothing else needs to be	reported on this form.
☐ Yes				-	•
2. In Column 1, list	t as codebtors all of the pe	ople or entities who a	re also liable for an	y debts listed by the debt	or in the schedules of
schedule on which	dules D-G. Include all guara ch the creditor is listed. If the	ntors and co-obligors. I codebtor is liable on a	n Column 2, identify: debt to more than or	the creditor to whom the de ne creditor, list each creditor	ot is owed and each separately in Column 2.
Column 1: Code	ebtor		· A	Column 2: Creditor	
Name	Mailing addres	s (1)		Name	Check all schedules
-					that apply:
2.1	Street			****	Q D Q E/F
	· · · · · · · · · · · · · · · · · · ·				ū G
	City	State	ZIP Code		
2.2					
	Street				_
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	City	State	ZIP Code		
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	City	State	ZIP Code		
2.6	Street				<u>u</u> p
	ગાલ્લા				□ E/F
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	City	State	ZIP Code		

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Debtor	Marya	Case number (# known)

	Additional Page i	if Debtor Has More	Codebtors	S. () Control of the		
	Copy this page only	If more space is need:	ed. Continue num	nbering the lines se	quentially from the previous p	age.
C	Column 1: Codebtor			ta di parena samenan na mate na kaj da nga di parena da s	Column 2: Creditor	eggene vielkelijkelijk Signification open service Geografie
	Name	Mailing address			Name	Check all schedules that apply:
2	•					
		Street				□ D □ E/F
						□ G
		City	State	ZIP Code		
2		Street			Western Section 5	<u> </u>
		Street			•	□ E/F □ G
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		Street				O D O E/F
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2		Street	enumeration to the second seco	***************************************		D D
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		City	State	ZIP Code		
2	***************************************					
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		·····				□ G
		City	State	ZIP Code		
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		Street				D D D E/F D G
		ONE	02-1-	712.2		-
		City	State	ZIP Code		

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	Fill in this information t	o identify	your case:				
	Debtor 1 JOANN		CUNNING				
٥	First Name Debtor 2		Middle Name	Last Name			
ļ `	Spouse, if filing) First Name		Middle Name	Last Name			
l	Jnited States Bankruptcy Co	ourt for the:	Northern District of Illinois				
	lf known)					Check if	
							mended filing pplement showing postpetition chapter 13
							me as of the following date:
0	fficial Form 106l					MM /	DD / YYYY
S	chedule I:	You	r Income				12/15
su if y se	pplying correct informa /ou are separated and y	ation, If yo your spou m. On the	ou are married and not fi se is not filing with you, top of any additional pa	iling jointly, and y , do not include i	our spouse is	living with out your so	tor 2), both are equally responsible for you, include information about your spouse. ouse. If more space is needed, attach a known). Answer every question.
1.	Fill in your employment information.	nt		Debtor 1			Debtor 2 or non-filing spouse
	If you have more than o			2005-00-20-00-00-00-00-00-00-00-00-00-00-00-	en versussojenji jessisovi versi in jet verile Servi Antilovi i ve Ant	**************************************	
	attach a separate page information about additi employers.		Employment status	☑ Employed ☐ Not emplo			Employed Not employed
:	Include part-time, seaso self-employed work.	onal, or		D 4 D 100 T 4			
:	Occupation may include or homemaker, if it appl		Occupation	BARISTA	***************************************		***************************************
			Employer's name	STARBUCK	(S COFFEE	co	
			Employer's address	2401 UTAH Number Street	AVE SOUT	<u>H</u>	Number Street
				PO BOX 34	067		
				SEATTLE	WA	98124	
			How long employed the	City	State ZIP (Jode	City State ZIP Code
P	art 2: Give Detail	s About	Monthly income				
	Estimate monthly inco spouse unless you are s		the date you file this for	m. If you have noti	ning to report fo	r any line, v	vrite \$0 in the space. Include your non-filing
	If you or your non-filing s below. If you need more	spouse ha	ve more than one employe ach a separate sheet to the	er, combine the inf nis form.	formation for all	employers	for that person on the lines
					For	Debtor 1	For Debtor 2 or non-filing spouse
2.			ry, and commissions (be calculate what the monthly		2. <u>\$</u> 2	,028.66	\$
3.	Estimate and list mon	thly overt	ime pay.		3. +\$	0.00	+ \$
4.	Calculate gross incon	ne. Add lin	e 2 + line 3.		4. \[\\$ \[2	,028.66	\$

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Debtor 1	JOANN First Name	Middle Name	CUNNINGHAM Last Name		С	ase number (#k	ncwn)				
					Fo	r Debtor 1	,	For Debtor 2 or non-filing spous	se		
Сор	y line 4 here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		→ 4.	\$_	2,028.66	,	\$			
5. List	ali payroli ded	uctions:									
. 5a.	Tax, Medicare	e, and Social Sec	urity deductions	5a.	\$	215.89		\$			
5b.	Mandatory co	entributions for re	etirement plans	5b.	\$_	97.67	•	\$			
5c.	Voluntary cor	ntributions for ret	tirement plans	5c.	\$_	0.00		\$			
5d.	Required repa	ayments of retire	ment fund loans	5d.	\$_	0.00	_	\$			
5e.	Insurance			5e.	\$_	102.12		\$			
5f.	Domestic sup	port obligations		5f.	\$_	0.00	-	\$			
5g.	Union dues			5g.	\$	0.00		\$			
5h.	Other deducti	ions. Specify:		5h.	+\$	0.00		+ \$			
6. Ad	d the payroll d	eductions. Add lir	nes 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	415.68		\$			
7. Ca l	culate total mo	onthly take-home	pay. Subtract line 6 from line 4.	7.	\$_	1,612.98		\$			
8. List	all other incor	ne regularly rece	ived:								
8a.	Net income fr profession, or		ty and from operating a business,								
		ary and necessary	erty and business showing gross business expenses, and the total	8a.	\$	0.00		\$	_		
8b.	Interest and d			8b.	\$_	0.00		\$			
8c.	Family suppo regularly rece		you, a non-filing spouse, or a depende	ent							
		y, spousal support d property settleme	t, child support, maintenance, divorce ent.	8c.	\$_	0.00		\$			
8d.	Unemployme	nt compensation		8d.	\$	0.00		\$	_		
8e.	Social Securit	ty		8e.	\$	0.00		\$			
8f.	Include cash at that you receiv	ssistance and the e, such as food st	that you regularly receive value (if known) of any non-cash assistar amps (benefits under the Supplemental housing subsidies.	nce 8f.	\$	0.00		\$:
0					_	0.00		***************************************			
•		tirement income v income. Specify	:	8g. 8h.	\$_ +s	0.00		\$ +s			
			+ 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00		\$			
		income. Add line ne 10 for Debtor 1	7 + line 9. and Debtor 2 or non-filing spouse.	10.	\$_	1,612.98	+	\$		\$1	1,612.98
Inclu frien	ude contribution ads or relatives.	s from an unmarri	s to the expenses that you list in Scheed partner, members of your household,	your d	epend	-					
	•	•	ncluded in lines 2-10 or amounts that are	not av	/ailable	to pay expe	nses	listed in Schedule	∌J. 11, +	\$	0.00
			of line 10 to the amount in line 11. The Your Assets and Liabilities and Certain S					-	12.	Combin	
	you expect an	increase or decr	ease within the year after you file this	form?	,					monthly	y income
	Yes. Explain:										
		L									

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Fill in th	is information to identify	your case:					
Debtor 1	JOANN	CUNNINGHAM					
D-1-10	First Name	Middle Name Last	Name	Check if th			
Debtor 2 (Spouse, if	filing) First Name	Middle Name Last	Name	☐ An ame		-	- 4845 40
United St	ates Bankruptcy Court for the:	Northern District of Illinois				snowing posts of the following	petition chapter 13 date:
Case nun	nber			MM / DC			
(If known)		**************************************					
Officia	al Form 106J	•					
Sch	edule J: Yo	ur Expenses					12/15
information		ossible. If two married people ed, attach another sheet to th					_
Part 1:	Describe Your Hou	sehold	····				
1. Is this a	a joint case?						
	Go to line 2. Does Debtor 2 live in a s	separate household?					
	□ No □ Yes. Debtor 2 must file	e Official Form 106J-2, Expense	es for Sei	parate Household of Debtor 2.			
2. Do vou	have dependents?	₩ No		on an annual control of the control	·	h	
	ist Debtor 1 and	Yes. Fill out this informatic	on for	Dependent's relationship to Debtor 1 or Debtor 2	ac.	Dependent's age	Does dependent live with you?
Do not s	state the dependents'						☐ No ☐ Yes
					. .		□ No □ Yes
							□ No
				 , , , , , , , , , , , , , , , , ,			Yes
		e e			_		□ No
							Yes
						 	□ No □ Yes
	r expenses include es of people other than	☑ No	/			· · · · · · · · · · · · · · · · · · ·	144 -1 4 (144) (14
yoursel	f and your dependents?	Yes		American (1864)			
Part 2:	Estimate Your Ongoi	ng Monthly Expenses					
	as of a date after the ban	bankruptcy filing date unless kruptcy is filed. If this is a su					
Include ex	penses paid for with non	-cash government assistance	e if you k	now the value of			
such assi	stance and have included	l it on Schedule I: Your Incom	e (Offici	al Form 106i.)		Your expen	ISOS
	ntal or home ownership ent for the ground or lot.	xpenses for your residence.	Include fi	rst mortgage payments and	4.	\$	900.00
lf not i	ncluded in line 4:						0.00
4a. R	teal estate taxes				4a.	\$	0.00
	roperty, homeowner's, or re				4b.	\$	0.00
	ome maintenance, repair, a	•			46.	\$	0.00
4d. H	lomeowner's association or	condominium dues			4d.	\$	0.00

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Debtor 1 JOANN CUNNINGHAM Case number (# known)______

Additional mortgage payments for your residence, such as home equity loans \$ 0.000				Your ex	penses
Sea Electricity, heat, natural gas 7,5,00	5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.6 Water, sewer, garbage collection 6.6 \$ 0.00	6.	Utilities:			
6.6 Water, sewer, garbage collection 6.6 \$ 0.00		6a. Electricity, heat, natural gas	6a	\$	75.00
				\$	
64 0 0 0 0 0 0 0 0 0		6c. Telephone, cell phone, Internet, satellite, and cable services			
7. Food and housekeeping supplies 7. \$ \$ 300.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 75.00 10. Personal care products and services 10. \$ 50.00 11. Medical and dental expenses 11. \$ 0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 150.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 15a. Life insurance 15a. \$ 0.00 15a. Life insurance 15a. S. \$ 0.00 15b. Health insurance 15a. \$ 0.00 15c. Vehicle insurance. 15c. \$ 0.00 15c. Vehicle insurance. 15c. \$ 0.00 15c. Vehicle insurance. Specify: 15c. \$ 0.00 15c. Vehicle insurance. 15c. \$ 0.00 15c. Car payments for Vehicle 1 17a. \$ 0.00 15c. Car payments for Vehicle 2 17b. \$ 0.00 17c. Car payments for Vehicle 2 17c. \$ 0.00 17c. Cother. Specify: 17c. Other. Specify: 17c. Other. Specify: 17c. Other. Speci		6d. Other. Specify:	6d.	\$	
	7.		7.	\$	300.00
10 Personal care products and services 10 10 10 10 10 10 10 1	8.	Childcare and children's education costs	8	\$	0.00
10	9.	Clothing, laundry, and dry cleaning		\$	75.00
11. Medical and dental expenses 11. \$ 0.0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 0.0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.0.00 14. Charitable contributions and religious donations 14. \$ 0.0.00 15. Insurance. 15. Insurance 16. Life insurance deducted from your pay or included in lines 4 or 20. 15. Health insurance 15. \$ 0.0.00 15. Vehicle insurance 15. We only on the include taxes deducted from your pay or included in lines 4 or 20. 15. Vehicle insurance. Specify. 15. \$ 0.0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15. \$ 0.0.00 0.00 17. Installment or lease payments. 16. \$ 0.0.00 0.0.00 17. Car payments for Vehicle 1 17a. \$ 0.00 0.0.00 17. Coller. Specify: 17a. \$ 0.00 0.0.00 17. Other. Specify: 17b. Car payments for Vehicle 2 17c. \$ 0.00 0.0.00 18. Vour payments of specify: 17c. Other. Specify: 17c. \$ 0.00 0.0.00 19. Other specify: 17c. Other. Specify: 17c. Other. Specify: 0.0.00 19. Other pay	10.	Personal care products and services			50.00
12 Transportation. Include gas, maintenance, bus or train fare. 12 0.000 not include car payments. 12 0.000 not include car payments. 13 0.000 0.00	11.	Medical and dental expenses		\$	***************************************
1	12.	Transportation. Include gas, maintenance, bus or train fare.		·	
1.4. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. 0.00 15. 15. Life insurance 15. \$ 0.00 15. Health insurance 15. \$ 0.00 15. Vehicle insurance 15. \$ 0.00 15. Vehicle insurance. Specify: 16. \$ 0.00 15. Very payments of include taxes deducted from your pay or included in the search of the search o		Do not include car payments.	12.	\$	150.00
15. Insurance	13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify:	14.	Charitable contributions and religious donations	14.	\$	0.00
15a. Life insurance 15a. S 0.00 15b. Health insurance 15b. S 0.00 15c. Vehicle insurance 15c. S 0.00 15d. Other insurance. Specify: 15d. S 0.00 15d. Other insurance. Specify: 15d. S 0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5pecify: 16. S 0.00 17d. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. S 0.00 17b. Car payments for Vehicle 2 17b. S 5 0.00 17b. Corther. Specify: 17c. Other. Specify: 17c. S 5 0.00 17d. Other. Specify: 17d. Other. Specify: 17d. S 0.00	15.				
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15d. Other insurance. Specify:		15b. Health insurance	15b.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:		15c. Vehicle insurance	15c.	\$	0.00
Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		15d. Other insurance. Specify:	15d.	\$	0.00
Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00	16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20			
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. \$ 0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses			16.	\$	0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. \$	17.	Installment or lease payments:			
17c. Other. Specify:		17a. Car payments for Vehicle 1	17a.	\$	0.00
17d. Other. Specify:		17b. Car payments for Vehicle 2	17b.	\$	
17d. Other. Specify:		17c. Other. Specify:	17c.	\$	The state of the s
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). 19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses		17d. Other. Specify:		\$	
your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify:	18	• • • • • • • • • • • • • • • • • • • •			
Specify:	10.	your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
Specify:	19.	Other payments you make to support others who do not live with you.		***************************************	
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Scale State Insurance 20d. Scale Scale State Insurance 20d. Scale State Insurance			19.	\$	0.00
20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00			1e.		····
20b. Real estate taxes20b. \$				\$	0.00
20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20b. Real estate taxes			
20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00		20c. Property, homeowner's, or renter's insurance			

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D	ebtor 1	JOANN First Name	Middle Name	CUNNINGHAM Last Name		Case number (if known)		140
21	. Oth	er. Specify:				21.	+\$	0.00
22.	Cal	culate your mon	thly expenses	i.			all debaselhousehou facili perchi a falograpa (A), si a	Palarestanda en chenta fascili Sartia, colonido en cuentral conferra la color e
	22a	. Add lines 4 thro	ugh 21.			22a.	\$	1,766.00
	22b.	. Copy line 22 (m	onthly expense	es for Debtor 2), if any, from Off	icial Form 106J-2	22b .	\$	0.00
	22c.	Add line 22a and	d 22b. The resi	ult is your monthly expenses.		22c .	\$	1,766.00
23.	Calcu	ulate your montl	nly net income	· •				
	23a.	Copy line 12 (yo	our combined n	nonthly income) from Schedule	I.	23a .	\$	1,612.98
	23b.	Copy your mont	hly expenses f	rom line 22c above.		23b.	-\$	1,766.00
) 	23c.			es from your monthly income.				450.00
		The result is you	ır monthly net i	income.		23c.	\$	-153.02
24.	Do yo	ou expect an inc	rease or decr	ease in your expenses within	the year after you	file this form?		
	For e	xample, do you e	xpect to finish	paying for your car loan within t rease because of a modificatio	he year or do you e	xpect your		
	☑ No							
	☐ Ye	s. Explain he	ere:					

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Fill in this	information to iden	tify your case:					
Debtor 1	JOANN First Name	Middle Name	CUNNING	SHAM st Name			
ebtor 2	g) First Name	Middle Name					
,	s Bankruptcy Court for t			st Name			
ase numbe		no. Hormon Distr	or or mirrors				
If known)				***************************************		☐ Check i amende	
Officia	al Form 106	Dec					
Dec	laration	About a	n Indiv	/idual l	Debtor's Sched	luies	12/15
If two ma	rried people are fili	ng together, both	are equally res	sponsible for se	upplying correct information.		
		Dann (ning(orney to help yo	ou fill out bankruptcy forms?		
☑ No ☐ Ye	s. Name of person				Attach Bankruptcy Petition Preparer	's Notice Declaration and	
			V-16-76-76-76-7-1-1-1-1-1-1-1-1-1-1-1-1-1		Signature (Official Form 119).	S Notice, Declaration, and	
Under that th	penalty of perjury, ney are true and cor	I declare that I ha	ive read the su	mmary and sch	nedules filed with this declaration	ı and	
×	sam (inn	\mathcal{M}	x				
Signal	ture of Debtor 1	0	-	Signature of Debto	or 2		
				•			

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	JOANN First Name	Cl Middle Name	JNNINGHAM Last Name		
otor 2 ouse, if filing)	First Name	Middle Name	Last Name		
-		rthe: Northern District o			
number			***************************************		5
own)			***		☐ Check if this is amended filing
icial F	orm 107				
	·····	nancial Affa	irs for Indiv	riduals Filing for Ba	ankruptov 12
				g together, both are equally respor	
nation. I	f more space is own). Answer ev	needed, attach a sepa	rate sheet to this for	m. On the top of any additional page	ges, write your name and case
	own). Answer ev	ery question.			
t 1: G	ive Details Ab	out Your Marital St	atus and Where Y	ou Lived Before	
Vhat is y	our current mari	tal status?			
☑ Marrie ☑ Not m					
MAN INOUTIN	amed				
During th	e last 3 years, ha	ave you lived anywhen	e other than where y	ou live now?	
V No			•		
V No		ave you lived anywhen	•		
☑ No ☐ Yes. L			years. Do not include		
v i No □ Yes. L	ist all of the place		years. Do not include	e where you live now.	Dates Debtor 2 lived there
2 No ☑ Yes. L	ist all of the place		years. Do not include	e where you live now.	
No Yes. L	ist all of the place		years. Do not include	Debtor 2: Same as Debtor 1	lived there
v i No □ Yes. L	ist all of the place		years. Do not include Dates Debtor 1 lived there	e where you live now. Debtor 2:	lived there
No Yes. L	ist all of the place		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1	lived there Same as Debto
No Yes. L	ist all of the place		years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	lived there Same as Debto
No Debi	ist all of the place	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From	Debtor 2: Same as Debtor 1 Number Street	Iived there Same as Debte From To ZIP Code
No Peb	ist all of the place	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State	Iived there Same as Debte From To ZIP Code Same as Debte
No No Debi	ist all of the place tor 1:	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From To From To	Debtor 2: Same as Debtor 1 Number Street City State	Ilived there Same as Debte From To ZIP Code Same as Debte From
No Pebr	ist all of the place tor 1:	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From To	Debtor 2: Same as Debtor 1 Number Street City State	Iived there Same as Debto From To ZIP Code Same as Debto
No Pebr	ist all of the place tor 1:	es you lived in the last 3	years. Do not include Dates Debtor 1 lived there From To From To	Debtor 2: Same as Debtor 1 Number Street City State	Ilved there Same as Debto From To ZIP Code Same as Debto From

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Debtor 1	JOANN First Name Middle Name Las	CUNNINGHAM t Name	Case nu	umber (if known)	
Fill If y	f you have any income from employme in the total amount of income you receive ou are filing a joint case and you have income	ed from all jobs and all bus	inesses, including part-ti	me activities.	endar years?
Z	Yes. Fill in the details.	Debtor 1			
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$14,454.99	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For last calendar year: (January 1 to December 31, 2016	Wages, commissions, bonuses, tips Operating a business	\$ <u>18,577.00</u>	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
	For the calendar year before that: (January 1 to December 31, 2015	✓ Wages, commissions, bonuses, tips✓ Operating a business	\$24,353.00	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$
une gam List		nents; pensions; rental inco a joint case and you have	ome; interest; dividends; e income that you receive	money collected from laws ed together, list it only once	suits: rovalties: and
U.	Yes. Fill in the details.	Debtor 1		Debtor 2	·
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:		\$ \$		\$ \$
	Facility to the terminal of th		\$		\$
	For last calendar year: (January 1 to December 31,2016 YYYY)				\$\$ \$
	For the calendar year before that: (January 1 to December 31, 2016)				\$ \$

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No. Notither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6.225° or more? I No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6.225° or more in one or more payments and the total amounty ou paid that creditor. Do not include payments for domestic support obligations, such as child support and almony. Also, do not include payments to an attorney for this bankruptcy case. *Subject to adjustment on 4(01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Dates of payment Total amount paid Amount you still owe all that creditor. Do not include payments to an attorney for this bankruptcy case. Dates of payment Creators Niese Dates of Poster Street Dates of Poster Street Credit cand Conservations Credit cand Conservations Credit cand Conservations Credit cand Conservations Conservations Credit cand Conservations Conservations Supplement Conservations Conservations Supplement Conservations Supplement Conservations Credit cand Conservations Credit cand Conservations Credit cand Conservations Conservations Credit cand Conservations Conservations Credit cand Conserva	ebtor 1	JOANN First Name Middle	Name	CUNNI Last Name	NGHAM	Case	number (if known)	**************************************
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Number Street Car Credit card Loan repayment Suppliers or vendors City State ZIP Code Other		Creditor's Name				\$	<u> </u>	☐ Mortgage
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Loan repayment Suppliers or vendors		Number Street			THE			
Suppliers or vendors								
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Oily State 21P Lode		City	State	ZIP Code				Other

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btor 1	JOANN		INGHAM		Case number (if know	0)
	First Name Middle N	łame Last Name			In votatal	Table 1 of the late of the lat
corpo agent such	ers include your relative prations of which you ar t, including one for a bu as child support and ali	e an officer, director, per isiness you operate as a imony.	relatives of any son in control, o	general partners; or owner of 20% or	partnerships of whi	who was an insider? ch you are a general partner; g securities; and any managing or domestic support obligations,
I	es. List air payments to	an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Ī	Insider's Name			\$	\$	·
ñ	Number Street	77 10 Th 10 10 10 10 10 10 10 10 10 10 10 10 10				TOTAL
- č	City	State ZIP Code				To committee to a com
7.	nsider's Name		-	\$	\$	
_	nsider's Name Number Street		-			
c	City	State ZIP Code	•			:
n ins nclude No	e payments on debts gu	uaranteed or cosigned by		ayments or trans	fer any property o	n account of a debt that benefited
] Yes	s. List all payments tha	t benefited an insider.				
			Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
In	isider's Name			\$	\$	
Nu	umber Street					
Ĉŕ	ity	State ZIP Code			:	
Īns	sider's Name			\$. \$	THE SHOULD SEE THE SHOP IN THE SECOND SECTION
	ımber Street		**************************************			
_			7741111120			
Cit	y	State ZIP Code				

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r 1	JOANN First Name Middle Name	CUN Last Name	NINGHAM	Case numb	PET (if known)	
		Eddiroding				
rt 4:	Identify Legal Actions	, Repossessi	ons, and Foreclosu	ires		
ist all	1 year before you filed for such matters, including pers	bankruptcy, w onal injury case	ere you a party in any s, small claims actions	lawsuit, court action, divorces, collection suit	or administrative process, paternity actions, su	ceeding? pport or custody modific
1 No	ntract disputes.					
	s. Fill in the details.					
		Nati	ure of the case	Court or agenc	у	Status of the ca
C.	nna titla	į				· · · · · ·
Ca	ase title			Court Name		Pending
				Number Street		On appeal Concluded
Ca	ase number			Number Street		Concluded
				City	State ZIP Code	
Ca	ese title		•	Court Name		Pending
						On appeal
		!		Number Street		Concluded
Ca	se number			City	State ZIP Code	
	. Fill in the information below.	•	Doggaiba tha nasa			
			Describe the prope		Date	Value of the proper
	Creditor's Name		— :			\$
	Creditor s ryame		:			·
	Number Street		Explain what happ	ened		
			Property was	repossessed.		
			Property was			
	Ob.		Property was			
	City Sta	te ZIP Code	·	attached, seized, or levi	ed.	
			Describe the prope	ny 	Date	Value of the prope
	Creditor's Name		!			. \$
	Number Street		Explain what happe	ned		
			_ Property was	renossessed		
			Property was			
	City State	e ZIP Code	— Property was	garnished.		
			Property was	attached, seized, or levie	ed.	

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No Pescribe the action the creditor took Date action was taken Creditor's Name Number Street Last 4 digits of account number: XXXX— Affithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official?	ount
No Yes. Fill in the details. Describe the action the creditor took Creditor's Name Number Street Last 4 digits of account number: XXXX— Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official?	
Yes. Fill in the details. Describe the action the creditor took Creditor's Name Number Street Date action was taken S	
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Describe the action the creditor took Creditor's Name Number Street Last 4 digits of account number: XXXX— Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?	ount
Creditor's Name Number Street City State ZIP Code Last 4 digits of account number: XXXX— Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?	ount
Creditor's Name Number Street \$\$	
City State ZIP Code Last 4 digits of account number: XXXX	
City State ZIP Code Last 4 digits of account number: XXXX	
Vithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official?	
Vithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official?	
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Vithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of reditors, a court-appointed receiver, a custodian, or another official?	
reditors, a court-appointed receiver, a custodian, or another official? No	
reditors, a court-appointed receiver, a custodian, or another official? No	
reditors, a court-appointed receiver, a custodian, or another official? No	
Yes	
5: List Certain Gifts and Contributions	
	····
/ithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?	
No	
Yes. Fill in the details for each gift.	
	/alue
the gifts	
Person to Whom You Gave the Gift	
<u> </u>	
Number Street	
City State ZIP Code	
Person's relationship to you	
Person's relationship to you	
Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave Val	lue .
Person's relationship to you	iue
Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave Val	kue
Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave Val	lue
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Person's relationship to you Gifts with a total value of more than \$600 per person Describe the gifts Dates you gave the gifts Person to Whom You Gave the Gift \$\$	kue
Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave the gifts	kue
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Person's relationship to you Gifts with a total value of more than \$600 per person Dates you gave the gifts Person to Whom You Gave the Gift \$\$	kue

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1	J <u>OANN</u>	CUNNINGHAM	Case number (if known)_		
	First Name Middle Name L	ast Name	· -		
ithir	1 2 years before you filed for bankr	uptcy, did you give any gifts or c	ontributions with a total value	ue of more than \$6	600 to any charity?
i No					
	es. Fill in the details for each gift or co	ontribution.			
	Sifts or contributions to charities hat total more than \$600	Describe what you contributed		Date you contributed	Value
		A commence of the state of the			
Chi	arity's Name				\$
~~~		_ :			\$
Nur	mber Street	<b>-</b>			
City	y State ZIP Code			:	
<b>U</b> 113	211 0000		· company of common = 2000	4	
	-				
5:	List Certain Losses				
	<b></b>				
	escribe the property you lost and	Describe any insurance coverag	ge for the loss	Date of your	Value of property
ho	ow the loss occurred	Include the amount that insurance	has paid. List pending insurance	loss	lost
		claims on line 33 of Schedule A/B:			
:			***************************************		•
				i ———	<b>a</b>
		······································			
	tint Condain Consumo and				
4	List Certain Payments or Tra				
thin	1 year before you filed for bankru	ptcy, did you or anyone else actir	ng on your behalf pay or trar	nsfer any property	to anyone
	onsulted about seeking bankruptcy e any attorneys, bankruptcy petition p				
		reparers, or credit counseling agen	icies for services required in yo	our bankruptcy.	
No					
Yes	s. Fill in the details.				
		Description and value of any pro	perty transferred	Date payment or transfer was	Amount of paymer
Pe	erson Who Was Paid		on the frontier transfer of the first of the second manner of the second	made	
Νu	imber Street				\$
				: : :	-
_					\$
Cit	ly State ZIP Code			*	
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En	nail or website address			!	
Em	nail or website address			!	

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	JOANN First Name Middle Name	CUNNINGHAM Last Name	Case number (if known)		
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		Description and value of any р	property transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid			:	
	Number Street	_		-	\$
		nden			\$
	City State ZIP Code				
	Email or website address		×		
	Person Who Made the Payment, if Not You				
Do n	in 1 year before you filed for bankri nised to help you deal with your cre ot include any payment or transfer tha lo /es. Fill in the details.	editors or to make payments to y	our creditors?	sier any property t	o anyone wn
		Description and value of any p	roperty transferred	Date payment or transfer was	Amount of pay
	Person Who Was Paid			made	
	Number Street	_			\$
		·····			\$ \$
/ithi ans clud o no	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfers of include gifts and transfers that you h	ar business or financial affairs? s made as security (such as the gra	anting of a security interest or mo		
Vithi rans nclud	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfer of include gifts and transfers that you h	ur business or financial affairs?  s made as security (such as the granave already listed on this statement  Description and value of proper	anting of a security interest or month.  Ty Describe any property of	ortgage on your prop	perty).
lithi ans cluc o no N Y	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfers of include gifts and transfers that you h	ur business or financial affairs? s made as security (such as the gra nave already listed on this statemen	anting of a security interest or month.	ortgage on your prop	perty).
lithi ans clud o no N Y	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfers of include gifts and transfers that you if o es. Fill in the details.	ur business or financial affairs?  s made as security (such as the granave already listed on this statement  Description and value of proper	anting of a security interest or mont.  The describe and property of the describe and property of the describe and the exchange of the e	ortgage on your prop	perty). Date transf
/ithi ans clud o no N N	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfers of include gifts and transfers that you if o es. Fill in the details.  Person Who Received Transfer	ur business or financial affairs?  s made as security (such as the granave already listed on this statement  Description and value of proper	anting of a security interest or mont.  The describe and property of the describe and property of the describe and the exchange of the e	ortgage on your prop	perty).  Date transf
/ithi ans clude o no i N I Y	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfers ot include gifts and transfers that you it o es. Fill in the details.	ur business or financial affairs?  s made as security (such as the granave already listed on this statement  Description and value of proper	anting of a security interest or mont.  The describe and property of the describe and property of the describe and the exchange of the e	ortgage on your prop	perty).  Date transf
/ithi ans clude o no N N F F	City State ZIP Code in 2 years before you filed for bankr eferred in the ordinary course of you de both outright transfers and transfers of include gifts and transfers that you if o es. Fill in the details.  Person Who Received Transfer Number Street	ur business or financial affairs?  s made as security (such as the granave already listed on this statement  Description and value of proper	anting of a security interest or mont.  The describe and property of the describe and property of the describe and the exchange of the e	ortgage on your prop	perty).  Date transf
Vithin rans nolucion no n	City State ZIP Code in 2 years before you filed for bankr iferred in the ordinary course of you de both outright transfers and transfers ot include gifts and transfers that you is outlier to the details.  Person Who Received Transfer  Number Street  State ZIP Code Person's relationship to you	ur business or financial affairs?  s made as security (such as the granave already listed on this statement  Description and value of proper	anting of a security interest or mont.  The describe and property of the describe and property of the describe and the exchange of the e	ortgage on your prop	perty). Date transf

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otor 1	JOANN First Name Middle	CUNNINGHAM  Name Last Name	Case number (#	known)	
are a	peneticiary? (These	u filed for bankruptcy, did you transfo are often called asset-protection device	er any property to a self-settled tr	ust or similar device of	which you
		Description and val	ue of the property transferred		Date transfer was made
Na	me of trust				
	MRT II. L			,	
	List Certain Fina	ncial Accounts, instruments, Sa	ife Deposit Boxes, and Stora		
nciud oroke No	i, sold, moved, or tr e checking, savings rage houses, pensio	iled for bankruptcy, were any financia ansferred? , money market, or other financial ac n funds, cooperatives, associations,	counts; certificates of deposit: sh		
Ji Ye	s. Fill in the details.	Last 4 digits of acco	ount number Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befo
Na	rme of Financial Institution	xxxx		-	\$
Ni	imber Street		☐ Savings ☐ Money market		
Cit	y St	ate ZIP Code	☐ Brokerage ☐ Other		
Na	me of Financial Institution	xxxx	Checking ☐ Savings	***************************************	\$
Nu	mber Street		☐ Money market☐ Brokerage		
Cit	y St	ate ZIP Code	Other		
ecurit I No	now have, or did you ies, cash, or other von.	u have within 1 year before you filed aluables?	for bankruptcy, any safe deposit	box or other depository	for
		Who else had access	to it? Describe th	e contents	Do you still have it?
Nar	ne of Financial Institution	Name	THE STATE OF THE S		☐ No ☐ Yes
Nur	nber Street	Number Street			
City	, Sta		ZiP Code		

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Debtor 1	JOANN First Name Middle Name	CUNNINGHAM Last Name	Case number (if known)	**************************************
22. Have	e you stored property in a s	torage unit or place other than your hom	e within 1 year before you filed for bankruptc	y?
-	NO Yes. Fill in the details.			
<b>u</b>	tes. Fill in the details.	Who else has or had access to	p it? Describe the contents	Do you still have it?
			: -	□ No
	Name of Storage Facility	Name		☐ Yes
	Number Street	Number Street	:	
		CityState ZiP Code	<del></del>	
	City State	ZiP Code		
Part 9	Identify Property	You Hold or Control for Someone El	56	
or h	old in trust for someone.	perty that someone else owns? include a	ny property you borrowed from, are storing f	or,
Ø	· · ·			
	Yes. Fill in the details.			
		Where is the property?	Describe the property	Value
	Owner's Name			:
	Owiei s Maille		1	\$
	Number Street	Number Street	**************************************	
			<del></del>	
		City State	ZIP Code	
West, Service	City State	ZIP Code	:	
Part 1	0: Give Details About	t Environmental Information		
For the	purpose of Part 10, the foll	owing definitions apply:		
haza	ardous or toxic substances,	ederal, state, or local statute or regulatio , wastes, or material into the air, land, soi is controlling the cleanup of these substa	n concerning pollution, contamination, releas il, surface water, groundwater, or other medit inces, wastes, or material.	ses of um,
≅ Site	means any location, facility		onmental law, whether you now own, operate	, or
Haza subs	ardous material means anyt stance, hazardous material,	thing an environmental law defines as a h pollutant, contaminant, or similar term.	azardous waste, hazardous substance, toxic	;
		roceedings that you know about, regardle	ss of when they occurred.	
4. Has a	any governmental unit notif	ied you that you may be liable or potentia	ally liable under or in violation of an environm	nental law?
Ø N				
LLI Y	es. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
Ñ	lame of site	Governmental unit	<del></del> !	<u> </u>
	limbos Charact			
N	lumber Street	Number Street		
		City State ZIP Code	<del></del>	
c	ity State Z	IP Code		

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tor 1	JOANN First Name Middle Name	CUNNINGHAM Last Name	Case number (#known)	V100441444
		unit of any release of hazardous mater	ial?	
Q				
U	Yes. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
	Name of site	Governmental unit	<b>_</b> :	
	Number Street	Number Street		
		City State ZIP Code	-	
	City State ZIP Co	de		
		or administrative proceeding under ar	y environmental law? Include settlemen	ts and orders.
<b>4</b>				
۱ [	es. Fill in the details.			
		Court or agency	Nature of the case	Status of the
,	ase title			case
•	rase title	Court Name	- The state of the	Pending
		- Continuing		On appe
-		Number Street	<del></del>	Conclude
				Conclude
Č	ase number	City State ZIP Co	ie	
	A sole proprietor or self-employ	yed in a trade, profession, or other ac company (LLC) or limited liability part	ave any of the following connections to a tivity, either full-time or part-time nership (LLP)	ny business?
	An owner of at least 5% of the v	oting or equity securities of a corpora	ation	
	o. None of the above applies. Go			
		to Fan 12. If fill in the details below for each busi	inone.	
	and apply about an	Describe the nature of the busines		numbas
	Business Name		Do not include Social Co	
		: :		
i	Number Street		EIN:	
		Name of accountant or bookkeeper	Dates business existed	
		1		
			From To	·
i	City State ZIP Code	ē		
		Describe the nature of the business		
ì	Business Name		Do not include Social Se	curity number or ITIN.
			EIN:	
Ĩ	lumber Street			
		Name of accountant or bookkeeper	Dates business existed	
-				
			FromTo	

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Describe the nature of the business    Describe the nature of the business   Do not include Social Security number or I'll	First Name	(Jase name)				
Name of accountant or bookkeeper    Dates business existed			Describe the nature of the business			
Name of accountant or bookkeeper  Dates business existed  From	Business Name					
Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement, concerning the statement of private the statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nanswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frauncomments are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frauncomments are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frauncomment for up to 20 years, or both.  Signature of Debtor 1  Signature of Debtor 2  Date  Date  Date  All No  Yes  All you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  All you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?	Number Street		Name of accountant or bookkeeper	:		
Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial statement, concerning the statement of parties.    No	City	State 7ID Code		From To		
Name  Name  Name  Number Street  City State ZIP Code  12: Sign Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the maswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 162, 1341, 1519, and 3571.  Signature of Debtor 1  Date  Date  Date  Date  Attach the Bankruptcy Petition Preparer's Notice  Attach the Bankruptcy Petition Preparer's Notice  Attach the Bankruptcy Petition Preparer's Notice		Side La Sout				
Date issued    Name	/ithin 2 years befo	re you filed for bankrup	otcy, did you give a financial statement to a	anyone about your business? Include all financial		
Name    Name	Í No	-				
Name  Mumber Street  City State ZIP Code  Sign Below  Attach the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the newers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau connection with a bankruptcy case can result in fines up to \$230,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  Date  Date  Date  Attach the Bankruptcy (Official Form 107)?  No  Yes  Attach the Bankruptcy Petition Preparer's Notice  Attach the Bankruptcy Petition Preparer's Notice	Yes. Fill in the d	etails below.				
Number Street  City State ZIP Code  Sign Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nearest are true and correct. I understand that making a faise statement, concealing property, or obtaining money or property by fraunconnection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  Date			Date issued			
Number Street  City State ZIP Code  Sign Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nawers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frause connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  Date						
Sign Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the newers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frau connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  Date	Name		MM / DD / YYYY			
Sign Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the newers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frause connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 152, 1344, 1519, and 3571.  Signature of Debtor 1  Date	Number Street					
Sign Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the newers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraum to connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  Date  Date  Date  Date  Date  ON  Yes  Yes  Attach the Bankruptcy Petition Preparer's Notice.						
Signa Below  have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the newers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraum to connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  Signature of Debtor 1  Date						
have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nawers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frauncial connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 152, 1341, 1519, and 3571.  8 Signature of Debtor 1  Date	City	State ZIP Code				
have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the inswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraum or connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date						
have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the nawers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by frauncial connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 152, 1341, 1519, and 3571.  8 Signature of Debtor 1  Date						
nswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraunce connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  8 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date	(2: Sign Below	W				
No  Yes  Yes. Name of person  Attach the Bankruptcy Petition Preparer's Notice  Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  Attach the Bankruptcy Petition Preparer's Notice	Inswers are true and n connection with 18 U.S.C. §§ 152, 1:	a bankruptcy case can 341, 1519, and 3571.	d that making a false statement, concealin result in fines up to \$250,000, or imprison	a property or obtaining money or property by frau-		
No  Yes  id you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person	Date 9-29	<u>-1</u>	[Jate			
Yes  id you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  No  Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice.	id you attach addi	tional pages to Your S		s Filing for Bankruptcy (Official Form 107)?		
No Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice	- 110					
Yes. Name of person Attach the Bankruptcy Petition Preparer's Notice	id you pay or agre	e to pay someone who	is not an attorney to help you fill out bank	ruptcy forms?		
Declaration, and Signature (Official Form 119).		rson	· · · · · · · · · · · · · · · · · · ·	Attach the Bankruptcy Petition Preparer's Notice,		